S
690.53
Ham
1968

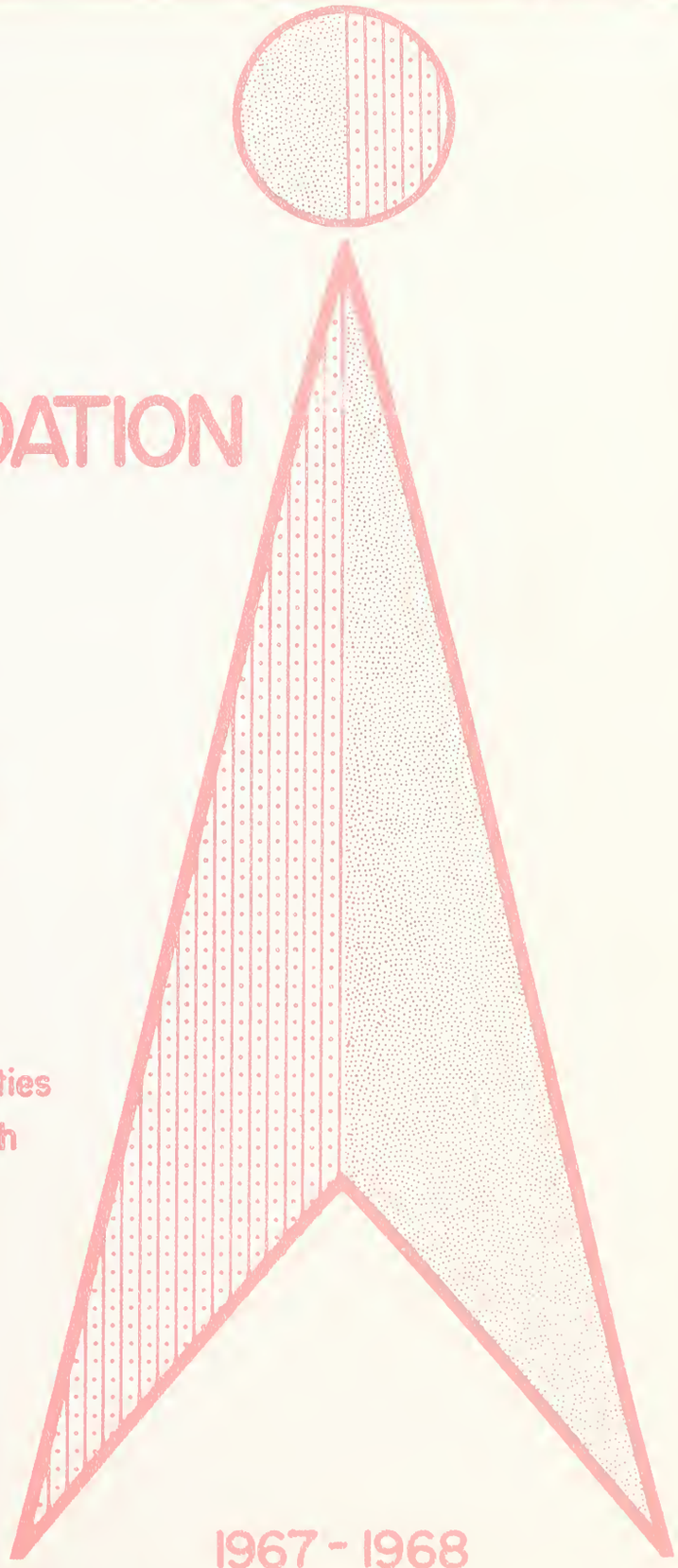
STATE DOCUMENTS

APR 11 1973

MONTANA STATE PLAN

FOR

MENTAL RETARDATION FACILITIES CONSTRUCTION



Division of Hospital and Medical Facilities
Montana State Department of Health
Helena, Montana

1967 - 1968
REVISION

Montana State Library
3 0864 1006 8446 6

MONTANA STATE PLAN

FOR

MENTAL RETARDATION FACILITIES CONSTRUCTION

1967 - 1968

Division of Hospital and Medical Facilities

Montana State Department of Health

Helena, Montana

Plan Approved by Public Health Service, June 24, 1968

TABLE OF CONTENTS

		Page
	Forword	--
	Certification and Endorsement	1
Chapter I	Designation and Authority of State Agency	2
	Major State Agency Personnel	6
	Organizational Chart	7
	Montana State Board of Health and Division of Hospital and Medical Facilities	8
	Hospital and Long-Term Care Facility Advisory Council	9
Chapter II	Bases for Planning	12
	Ideology	12
	Concepts in Planning	12
	Factors Affecting Planning	13
	Characteristics of the Mentally Retarded	14
	Scope of the Problem	15
Chapter III	Goals and General Policy	16
	Functions of the State Plan	16
	Goals and Objectives	16
	State Policies	16
	Correlation to Other Planning Efforts	18
Chapter IV	Mental Retardation Regions	20
	Map - Mental Retardation Regions	21
	Population Estimates and Projections	27
Chapter V	Services and Facilities1	28
	Services -- Diagnostic	28
	Treatment	28
	Educational	29
	Training	29
	Custodial	30
	Sheltered Workshops	30
	Facilities -- Diagnostic & Evaluation	31
	Day Facility	31
	Residential	32
	Group Home	32
Chapter VI	Inventory of Facilities, Services and Program	33
	Inventory - General Data	34
	Special Education Classes in Public Schools	36
	Inventory - Services Data	38
	Determination of Need	40
	Population Analysis	42
	Summary and Programming Data Report	47

		Page
Chapter VI (con't)	Existing and Programmed Facilities	49
	Map - Mental Retardation Regions & Districts	50
Chapter VII	Priorities Among Regions	54
	Priorities by Region	63
Chapter VIII	Methods of Administration	64
	Preparation and Publication of the State Plan	64
	Criteria for Allocation of Funds	64
	Project Construction Schedule	65
	Standards of Operation	65
	Standards of Construction and Equipment	66
	Inspection of Projects	66
	Construction Payments	66
	Maintenance of Personnel Standards	67
	Maintenance of Fiscal & Accounting Records	67
	Fair Hearings	67
	Statement of Federal Share	68
	Flexibility of Allotments	68
	Transfer of State Allotment	68
	Conflict of Interest	68
	Nondiscrimination Procedures	68
	Access to Records	69
	Assurances to Those Unable to Pay	69
	Change of Status of Facility	69

FOREWORD

The 88th Congress in 1963, enacted the Mental Retardation Facilities Construction Act (Public Law 88-164) in recognition of the nation's inadequate facilities for care, treatment, and prevention of the mentally retarded. Regulations for grants to states for construction provide for an inventory of existing facilities and services and for the preparation of an overall building plan based on an order of relative need within the State and the regional areas of the State.

The Montana State Department of Health has been designated by Governor Tim Babcock as the Agency within the State of Montana to implement the various provisions of this legislation. The major functions of the Agency under this legislation include the development of a State Plan for the construction of facilities for the mentally retarded and the subsequent allocation of funds as matching grants on a formula basis and in accord with priorities established in the State Plan.

Information for this State Plan has been obtained in cooperation with the Montana Association for Retarded Children and Adults, Department of Public Instruction, Department of Welfare, Department of Public Institutions, Montana Mental Health Planning, Montana Medical Association, Division of Vocational Rehabilitation, Unemployment Compensation Commission and others. There has been close coordination in the development of this plan with the Mental Retardation Planning Program of the State Department of Health, which supplied the information and data for completion of the various tables contained in this plan. At best, the information is fragmentary, but it is vital that a plan be developed so as to make construction funds under P. L. 88-164 available to the State of Montana. Since the State Plan is a document which is revised annually, it is hoped that the material printed herein will stir the imaginations of those most intimately concerned in such a manner as to enable a refinement of the subsequent plans.

The State Plan for Mental Retardations Facilities construction provides for and promotes the concept of community planning. It also retains the concept that any and all facilities constructed under this plan will be available, with regard to placement, to all the citizens of the State without regard to race, creed, color or national origin. Further, it retains the concepts that no qualified professional person will be denied staff privileges nor will employees be discriminated against because of race, creed, color, or national origin.

Annual allotments of Federal funds, in the amount of $100,000 have been made available to Montana for the construction of facilities for the mentally retarded for each of the Fiscal Years of 1967 and 1968. These funds may be utilized for construction projects following the approval of this plan by the Surgeon General of the U.S. Public Health Service.

Department of Health, Education, and Welfare
Public Health Service
Washington, D.C.

STATE PLAN FOR CONSTRUCTION OF FACILITIES FOR THE MENTALLY RETARDED

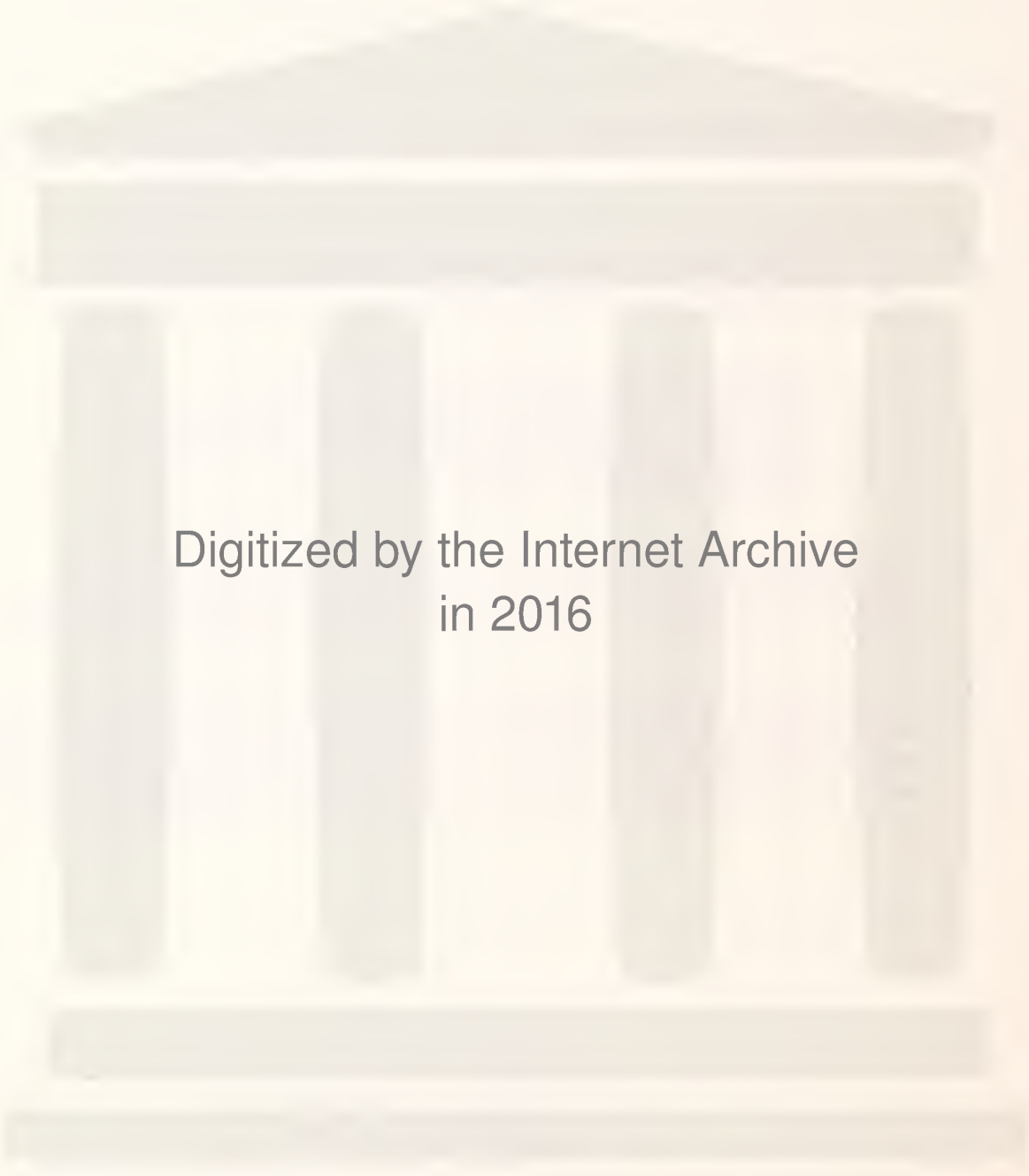
1. The State Agency and the Administrative Unit responsible for administering the Plan is:

   Montana State Department of Health
   Division of Hospital and Medical Facilities
   Room 200, Cogswell Building
   Helena, Montana 59601

2. The Method of Administration included in the State Plan reflects accurately the proposed administering of the State Plan.

3. To the best of our knowledge and belief, the attached statements, maps, tables, and statistics are true and correct and are in substantial accord with policies and guidelines developed in this state's comprehensive mental retardation plan.

John S. Anderson, M.D.
Executive Officer
Montana State Department of Health



Digitized by the Internet Archive
in 2016

https://archive.org/details/montanastatepla1968mont_0

CHAPTER I

DESIGNATION AND AUTHORITY OF STATE AGENCY

CHAPTER I

DESIGNATION AND AUTHORITY OF STATE AGENCY

The enactment by the Montana Legislature of Chapters 269 and 270 of the 1947 Session Laws enabled the State of Montana to comply with all the requirements of the original Hospital Survey and Construction Act. Chapter 270, the Montana Hospital Survey and Construction Act, established the Board of Health as the sole agency for the administration of the plan, authorized the inventory and survey of existing hospital facilities, and provided for an Advisory Council.

It was necessary to amend the original State enabling law to cover the expanded program as provided by the Medical Facilities Survey and Construction Act of 1954. This was accomplished by Senate Bill No. 67, signed by the Governor, March 4, 1955, included as Chapter 215 of the 1955 Montana Session Laws.

Governor Tim Babcock designated the State Board of Health as the sole agency to implement the provisions of Public Law 88-164, cited as the "Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963." The enabling legislation was provided by Chapter 77 of the 1965 Montana Session Laws. This also provided for the "Hospital and Medical Facilities Amendments of 1964," Public Law 88-443.

Chapter 269 of the 1947 Montana Session Laws provided for the licensing, inspection, and regulating of hospitals throughout the State. The Federal Act required that minimum standards for maintenance and operation be established for hospitals which receive Federal aid under the Act. The State Licensing Law, as passed, to comply with the Federal Act is intended to apply to all hospitals (except Federal) since minimum standards are equally desirable for all operating hospitals.

Chapter 78 of the 1965 Montana Session Laws amended the Licensing Law to include facilities for mental diseases and mental retardation. It also provided, a hospital, medical and related facilities advisory council to consult and advise the board in matters of policy affecting administration of the Montana Hospital, Medical, and Related Facility Survey and Construction Act and in the development of rules, regulations and standards provided under the Licensing Act.

The 1967 Montana Legislative Assembly enacted Chapter 197 which pertains to the State Agency in administering the Hospital, Public Health Center, and Medical Facility Survey and Construction Act, and Part C of Title I, and Title II, of the Federal Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963, being Public Law 88-164, 88th Congress of the United States or any amendments thereto.

Section 1, Chapter 197, Laws of Montana, 1967, (Chapter 41 -- State Board of Health, Section 69-4101, Revised Codes of Montana, Volume 4, Part 1, 1967 Cumulative Pocket Supplement) establishes a State Department of Health within the executive branch of state government. Effective July 1,

1967, the Department of the State Board of Health is designated as the State Department of Health.

Section 2, Chapter 197, Laws of Montana, 1967 states "State Board" to mean the state board of health and "Department" to mean the state department of health.

Membership of the State Board of Health is detailed by law, Section 3, Chapter 197, Laws of Montana (Section 69-4103, Revised Codes of Montana, Volume 4, Part 1, 1967 Cumulative Pocket Supplement):

"(1) The state board consists of seven (7) members appointed by the governor for terms of seven (7) years with the consent of the Senate. An appointment to replace a member whose term has expired shall be for seven (7) years. An appointment to replace a member whose term has not expired shall be for the remainder of the term.

(2) Membership of the state board shall include:

a. three (3) persons who have a degree of doctor of medicine;
b. one (1) person who has a degree of doctor of dental surgery;
c. three (3) persons who have demonstrated intelligent and active interest in the field of public health who do not hold the degree of doctor of medicine or doctor of dental surgery.

(3) Terms of members holding office when this act becomes effective shall not be affected."

Chapter 197, Laws of Montana, 1967 (Chapter 52, Sections 69-5201 to 69-5221, Revised Codes of Montana, Volume 4, Part 1, 1967 Cumulative Pocket Supplement) supercedes Chapter 78 and Chapter 162 of the 1965 Montana Session Laws. This law provides for the licensing of hospitals, hospital related facilities, and long-term care facilities. It also provides, in Section 172 (69-5214), a hospital and long-term care facility advisory council to consult with the state board in administering this chapter and statutes relating to hospitals, medical and related facilities survey and construction contained in Sections 180 through 192 (69-5301 through 69-5313) of this act.

This council combines the functions of the Advisory Councils formerly provided in Chapter 78 (Section 69-2910) and Chapter 162, Section 15 of the 1965 Montana Session Laws and resulted in the appointment of four (4) additional members to the previous Council. Two each of the new members represent long-term care facilities and consumers respectively.

Chapter 197, Laws of Montana, 1967 also includes Hospitals, Medical and Related Facility Survey and Construction in Sections 180 through 192. This is designated as Chapter 53, Sections 69-5301 through 69-5313 of the Revised Codes of Montana, Volume 4, Part 1, 1967 Cumulative Pocket Supplement. Sections 181 (69-5302) designates the State Department of Health as the principal State Agency for establishing and administering a statewide plan for construction, modernization, alteration, equipment, maintenance,

or operation of any hospital, medical or related facility for provision of care, treatment, diagnosis, rehabilitation, training, or related service.

69-5301. Definitions, as used in this Chapter, unless context clearly indicates otherwise:

(1) "Federal acts" are statutes for the construction of medical or related facilities.

(2) "Hospital" includes public health centers and - - - - - - - -.

(3) "Medical facility" means a diagnostic or diagnostic and treatment center, rehabilitation facility, facility for long-term care as defined by federal acts, and other medical facilities for which federal aid is or may be authorized.

(4) "Related facility" includes a facility devoted to the diagnosis, treatment, or cure of individuals afflected with mental illness or mental retardation.

(5) "Health Center" means -.

(6) "Non-profit hospital or non-profit medical facility" means a hospitals or medical facility owned or operated by one (1) or more non-profit corporations or associations if no part of the earnings inure to the benefit of any private shareholder or individual.

(7) "Council" means the hospital and long-term care facility advisory council created by section 172 (69-5214) of this act.

History: En. Sec. 180, Ch. 197, L. 1967.

69-5302. State Department of Health as principal State Agency for Hospital Construction -- Contracts with Federal Government.

The state department of health is the principal state agency for establishing and administering a statewide plan for construction, modernization, alteration, equipment, maintenance, or operation of any hospital, medical, or related facility for provision of care, treatment, diagnosis, rehabilitation, training, or related service. With approval of the state board of health, the executive officer of the state department of health may enter into contracts and agreements with agencies of the federal government to secure the benefit of federal programs to provide adequate medical and related facilities and services.

History: En. Sec. 181, Ch. 197, L. 1967.

69-5803. Powers and Duties of State Department of Health.

The department shall:

1. inventory existing hospitals, medical and related facilities;

2. survey the need for construction or alteration of hospitals;

3. develop and administer a state plan for the construction and alteration of public and other non-profit hospitals, medical and related facilities;

4. if desirable, enter into agreements after approval by the state board for the utilization of facilities and services of other departments, agencies, and institutions, public or private;

5. accept and deposit with the state treasurer and spend any grant, gift, or contribution made to meet costs of carrying out the purposes of this act.

History: En. Sec. 182, Ch. 197, L. 1967.

69-5214. Hospital and Long-Term Care Facility Advisory Council -- Members Appointed by Governor -- Functions.

(1) The governor shall appoint a hospital and long-term care facility advisory council to consult with the state board in administering this chapter and statutes relating to hospitals, medical and related facilities survey and construction contained in Sections 180 through 192 (69-5301 through 69-5313) of this act.

(2) The council consists of:

a. the executive officer of the department of health who is ex-officio chairman;

b. the state administrator of public welfare, ex-officio;

c. the director of the department of institutions, ex-officio;

d. representatives of non-governmental organizations or groups, and public agencies, concerned with the operation and construction of hospitals and hospital related facilities;

e. two (2) persons of recognized experience in the operation of long-term care facilities;

f. representatives of consumers familiar with the need for services provided by hospitals, hospital related facilities, and long-term care facilities;

g. additional members required for benefits under any federal law.

69-5215. Hospital and Long-Term Care Facility Advisory Council -- Terms of Office of Members -- Meetings -- Compensation.

(1) Members of the first council shall serve for one (1), two (2), or three (3) years as designated by the governor. The governor shall avoid expiration of the terms of more than one-third (1/3) or the initial appointive members' terms in any twelve (12) month period. After the initial

appointments, appointed members serve for three (3) year terms. Appointments for unexpired terms shall be for the remainder of the term.

(2) The council meets at the call of the chairman, or at the request of four (4) of the appointed members.

(3) Members, except ex-officio members, are reimbursed at the rate of ten dollars ($10.00) per day for actual expenses and eight cents (8¢) per mile for travel.

The State Statutes are not reproduced in their entirety in this Plan. However, copies will be furnished to interested parties on written request to the Montana State Department of Health.

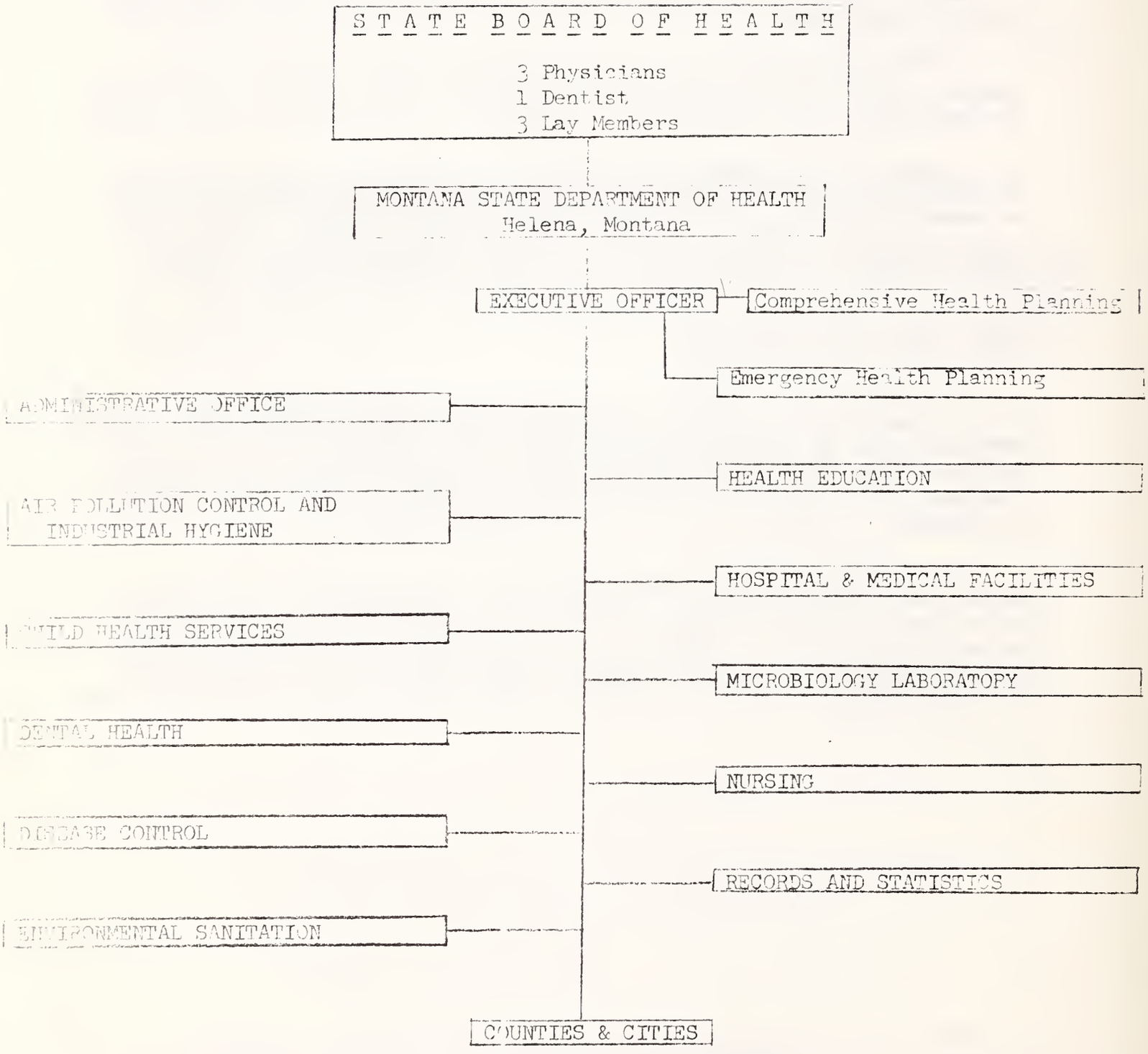
Inquiries, or requests for additional information, may be addressed to the Montana State Department of Health, Attention Director, Division of Hospital and Medical Facilities, Helena, Montana 59601. Persons wishing to confer are invited to call at the Division Office, 1409 Helena Avenue, Helena. Telephone: Area Code 406, 442-3260, Extension 367.

MAJOR STATE AGENCY PERSONNEL

The Division of Hospital and Medical Facilities, Montana State Department of Health is the Division within the State Agency responsible for the administration of the plan for construction of facilities for the mentally retarded, community mental health centers and hospital and medical facilities under the Hospital and Medical Facilities Amendments of 1964, Public Law 88-443.

The Executive Officer, John S. Anderson, M.D., M.P.H. is Director of the Montana State Department of Health and is responsible to the Montana State Board of Health. Sidney C. Pratt is Director, Division of Hospital and Medical Facilities, and Robert J. Munzenrider is Chief, Hospital Construction Section. The Chart on Page 7 shows positions in the Hospital Construction Section.

Organizational Chart
6/15/67



MONTANA STATE BOARD OF HEALTH

R. J. Losleben, President
Malta, 1974

Mrs. Richard Ellis
Great Falls, 1968

Paul H. Bowden, D.D.S.
Butte, 1969

Edwin C. Segard, M.D.
Billings, 1970

Richard D. Knapp, M.D.
Wolf Point, 1971

Mrs. O. H. Mann
Missoula, 1972

George H. Gould, M.D.
Kalispell, 1973

DIVISION OF HOSPITAL AND MEDICAL FACILITIES

Sidney C. Pratt, Director

HOSPITAL CONSTRUCTION SECTION

Robert J. Munzenrider,
Chief

Walter C. Moyle,
Architect

John W. Saturley,
Mechanical Engineer

Mrs. Pamela J. Moore,
Clerk-Stenographer

HOSPITAL AND LONG-TERM CARE FACILITY

ADVISORY COUNCIL

NAME AND ADDRESS	Occupation or Profession	Representation
Government		
John S. Anderson, M.D., M.P.H. Helena, Montana	Chairman, Ex-Officio Executive Officer, State Dept. of Health	State Dept. of Health
W. J. Fouse State Dept. of Public Welfare 10th and North Ewing Helena, Montana	Director, State Dept. of Public Welfare Ex-Officio	Dept. of Public Welfare
Edwin G. Kellner Helena, Montana	Director, State Dept. of Institutions Ex-Officio	State Institutions
Non-Government		
V. R. Powers 2/ 5/ 1211 Rose Brier Drive Missoula, Montana	Administrator Missoula Community Hospital	Montana Hospital Association
Eugene A. Lalonde 4/ 5/ Sidney, Montana	Attorney	Montana Tuberculosis Assn.
M. E. Donovan 2/ 5/ P.O. Box 1677 Helena, Montana	Executive Director Montana Physicians' Service	Blue Shield
Leonard Kuffel, M.D. 4/ 6/ 18 Martha Court Missoula, Montana	Anesthesiologist	Montana Medical Assn.
Thomas McMaster 3/ 6/ 1109 Livingston Avenue Helena, Montana	Dairy Technologist	Montana Assn. for Retarded Children
Bryce Hughett, M.D. 2/ 7/ 1117 Avenue F. Billings, Montana	Psychiatrist	Montana Medical Association
John Muir 4/ 8/ Hamilton, Montana	Administrator, Valley View Estates Nursing Home	Long-Term Care Facilities
Mrs. Dorothea M. Huff 3/ 8/ Big Timber, Montana	Administrator, Sweet Grass County Pioneer Home	Long-Term Care Facilities

NAME AND ADDRESS	Occupation or Profession	Representation
Consumers		
Mrs. Helen Johnson 4/ 5/ 619 South Willson Avenue Bozeman, Montana	Real Estate Insurance	
Mrs. G. F. Stenseth 1/ 8/ 645 Seventh Avenue East Kalispell, Montana	Housewife	
Mrs. Ralph Getter 4/ 8/ 224 Second Avenue Southeast Cut Bank, Montana	Housewife	
Mrs. Stephen Birch 3/ 5/ 2625 Fourth Avenue South Great Falls, Montana	Housewife	
Robert F. Branton 4/ 5/ Townsend, Montana	Insurance	
F. B. Welsh 4/ 5/ 9 North 24th Street Billings, Montana	Insurance	
Miss Elizabeth Havnen 3/ 5/ 3415 Second Avenue South Great Falls, Montana	Nursing Supervisor City-County Health Department	
W. Boyce Clarke 3/ 6/ 1705 Stower Miles City, Montana	Insurance	
A. W. Scribner 3/ 6/ 426 Monroe Helena, Montana	Attorney	
Ervin S. Thoreson 3/ 6/ 302 - 36th Street South Great Falls, Montana	Pharmacist	
Mrs. Thomas Payne 4/ 7/ 112 Pattee Creek Drive Missoula, Montana	Housewife (B. Sc., Nursing)	
Consultants		
Jack C. Carver 9/ 508 Power Block Helena, Montana	Director, Division of Vocational Rehabilitation State Board of Education	Vocational Rehab.
Stanley J. Rogers, M.D. Warm Springs State Hospital Warm Springs, Montana	Director, Division of Mental Hygiene Mont. Dept. of Institutions	State Mental Health Authority

1/ Term of Office: January 1, 1968 to January 1, 1969.
2/ Term of Office: January 1, 1966 to January 1, 1969.
3/ Term of Office: January 1, 1967 to January 1, 1970.
4/ Term of Office: January 1, 1968 to January 1, 1971.
5/ Appointed under P. L. 88-443, Hill-Harris.
6/ Appointed under P. L. 88-164, Title I, Part C. (Construction of Facilities for the Mentally Retarded.)
7/ Appointed under P. L. 88-164, Title II (Construction of Community Mental Health Centers.)
8/ Appointed under Chapter 196, Section 172, (2)(e), Laws of Montana 1967. (Chapter 52, Section 69-5214, (2)(e), Revised Codes of Montana, Volume 4, Part 1, 1967 Cumulative Pocket Supplement.)
9/ Public Law 88-443 in Section 604, (a)(3) provides that the Advisory Council shall include a representative of a non-government organization, group, or state agency concerned with rehabilitation, or provide for consultation with groups, organizations or agencies so concerned.

CHAPTER II

BASES FOR PLANNING

CHAPTER II

BASES FOR PLANNING

Ideology

The growing need for programs to serve the mentally retarded is stimulating increased demand for action. A sense of urgency accompanies the determination to have appropriate services and facilities available for all levels of retardation and all age groups and for a wider geographic coverage in a more balanced pattern of distribution. There is a need for effective, realistic and practical planning for the development of services and facilities for the mentally retarded.

Concepts in Planning

The prime objective of all programs for the mentally retarded is to provide opportunities for each individual to attain his fullest potential. In the planning of services and facilities, cognizance of this objective calls for the establishment of specific goals for each individual in each program, periodic reassessment of program objectives in terms of individual potentials, and a built-in flexibility within programs to permit quick and easy adaptation to changing requirements.

In light of the objective described above, planning should involve utilization of community services insofar as feasible and practical. The values accruing to the individual and his family make it desirable to encourage the inclusion of the retarded within the framework of community programs. The effectiveness of these programs will depend upon the degree of understanding of the special needs of the retarded and the consideration given to these special needs by personnel administering the program.

To the extent appropriate practicable, services and facilities should be planned for availability within the community. This permits utilization of family and community resources, helps sustain family interest in the individual, and facilitates assimilation of the retarded into normal patterns of community life. Efficient planning for the retarded within this community orientation calls for correlation with other community planning activities in the areas of health, education, and welfare to assure full utilization of available resources and to avoid duplication wherever possible.

Those planning services and facilities for the mentally retarded must bear in mind that not all new services or expansions of existing services will require added facilities. Frequently, additional programs can be housed within facilities currently in operation. Efficient planning entails careful analysis of the potentials of existing facilities to provide adequate functional space for new programs to be developed.

A comprehensive attack on mental retardation should include preventive service as well as care and treatment services. Prevention is the most

effective means of reducing the prevalence of mental retardation. A significant proportion of this handicapping condition results from conditions which are preventable with good medical care. It has been estimated that full application and utilization of existing knowledge through action on a broad front to correct adverse community conditions, combined with specific preventive measures, would eliminate at least half of the new cases of mental retardation.

The planning of services and facilities for the mentally retarded calls for the recognition that mental retardation and mental illness are separate problems. Although the two problems are related in that they may on occasion occur in the same person and may involve some of the same kinds of professional skills in diagnosis and in the care of the individual involved, there are basic differences between them which necessitate the establishment of and adherence to different concepts and objectives in the planning process. Planning in both areas, however, should be correlated to the fullest extent possible to insure maximum use of available community resources.

Effective planning includes a realistic assessment of mental retardation needs and an analysis of needs in terms of services and facilities required. This assessment starts with an evaluation of the existing services and facilities available for the retarded, both specialized and general, in terms of their capacity and potentials. It includes the formulation of a specific plan containing recommendations for the development of needed additional services and facilities and the translation of these recommendations into action.

Stimulation of interest in the planning of services and facilities for the mentally retarded must come from the understanding, support, and leadership of professional groups involved in the field of mental retardation such as physicians, special education teachers, psychologists, social workers, and members of many other professions. These groups, in turn, must evoke the participation of leaders in commerce and industry, labor and other facets of community life.

Factors Affecting Planning

Planning of services and facilities for the mentally retarded is affected by a wide range of factors and conditions. Planning will be conditioned by the number of retardates residing within the planning area. The larger the number of retarded, the greater the prospective need for services and facilities. Hence, in areas of low income, cultural deprivation, and high density of population--considerable need for services and facilities may be anticipated.

The types of services and facilities required will be influenced by the numbers of individuals in the various levels of retardation--mild, moderate, severe, and profound--and in age classifications such as children (preschool and school age) and adults. The availability of existing services and facilities for these levels as well as the total numbers of the retarded served, must be known in order to determine the services and facilities required to adequately meet total needs.

The degree to which existing community services are available to the retarded will also have an impact on the planning of services and facilities.

Most planning areas have some type of generic services and facilities open to the mentally retarded. Efficient and realistic planning necessitate identifying these services and facilities and analyzing programs which they provide, in terms of the total needs of the retarded individuals in the area.

Finally, planning for the retarded is influenced by the range of specialized services and facilities currently available; the extent to which, when correlated with generic service, these complete the spectrum of needed programs; and the acceptance and support which they enjoy within the community or planning area. The planning of needed specialized services and facilities capable of maintaining quality programs requires public understanding and backing such as that accorded generic services.

Many barriers must be faced in planning services and facilities for the retarded, however. The availability of services and facilities does not necessarily imply adequate utilization; significant problems arise in bringing services and clientele together. Avoiding unnecessary service duplications and overlapping may also prove difficult. Furthermore, standards for programming have not been developed to insure adequate services for some levels of retardations or age groups. Techniques are not yet available for estimating potential caseloads and evaluating demographic, cultural, and economic changes.

Other problems have come to the forefront as the mental retardation horizon widens. Among these are the extent to which a given facility actually serves the needs of the area it is intended to serve, and its flexibility to meet a variety of changes. In addition, those planning for the development of services and facilities for the mentally retarded in required quantity face shortages of qualified personnel, problems of financial support, and the incomplete understanding and acceptance of mental retardation as a community problem.

Characteristics of the Mentally Retarded

From a medical point of view, "mental retardation" is not a disease entity. It is a syndrome which can be produced by many causative agents acting singly or in combination. Symptomatically, it is characterized by delayed or a typical developmental patterns accompanied by impairment of general adaptation. From an educational point of view, the mentally retarded child is characterized by subnormal intellectual function to an extent which prevents him from responding efficiently to the usual patterns of classroom instruction. From a social standpoint, the retarded child is slower in maturing and acquiring social and practical skills; as an adult, the retardate has less than the normally expected ability to manage his affairs and to progress in gainful employment.

The currently accepted definition of mental retardation by the American Association on Mental Deficiency is: "subaverage general intellectual functioning which originates during the developmental period and is associated with impairment in adaptive behavior." "Mental retardation" thus encompasses a wide range of deviance, from minimal to profound.

The distinction between normality and the mildest degree of mental retardation is arbitrarily defined. Mildly retarded persons are more

comparable to those who are normal than they are to the most profoundly retarded.

Generally speaking, categories of services are established according to the practical level of functioning and age, rather than the cause of retardation. Nevertheless, etiology may have to be considered in the specifics of treatment or education for a particular individual. Practical distinctions must therefore be based on extent of impairment, taking account of the various factors which contribute to intellectual and social functioning. the manifestations of these levels of function change with age.

Scope of the Problem

As stated above, mental retardation is defined as impairment of ability to learn and to adapt to the demands of society. These demands are not the same in every culture. Even within our own society they vary with the age of the individual. Society as a whole does little to assess the intellectual or social accomplishments of the preschool child. During the school years, however, the individual is evaluated very critically in terms of social and academic accomplishment. In later life, the intellectual inadequacy again may be less evident if social performance meets minimal demands.

The variation by age is to some extent determined by differential survival rates and other demographic factors. The very high prevalence at ages 10 to 13 is due primarily to the increased recognition of intellectual handicap of children with the school systems, while the low number of infants from 0 to 1 year of age identified as retarded is in part attributable to the fact that their intellectual deficit is not yet apparent. Only gross impairment is evident in early childhood. Of striking significance is the fact that more than half of the individuals considered retarded during adolescence are no longer so identified in adulthood.

In view of these considerations, only gross estimates of the overall magnitude of the problem can be established. One such estimate may be derived through measures of intelligence. The numbers who are mentally retarded by this criterion can be calculated roughly on the basis of the experience with intelligence testing. Experience has shown that virtually all children with I.Q.'s below about 70 on most tests standardized nationally have significant difficulties in learning and in adapting adequately to their environment. About 3 percent of the school-age population score below this level.

CHAPTER III

GOALS AND GENERAL POLICY

CHAPTER III

GOALS AND GENERAL POLICY

Functions of the State Plan

A State Plan is a public document for guiding and influencing the orderly development and improvement of services and the construction or modernization of facilities for the mentally retarded. It describes the present pattern of services and facilities throughout the State. It presents a comprehensive program for the development of needed facilities designed to provide quality treatment and care of the retarded. The Plan serves as the basis for allocation of funds available to Montana under the provisions of Title I, Part C, of Public Law 88-164 and amendments thereto. It also serves as a guide for evaluating the need for construction contemplated outside the Federal program.

Goals and Objectives

In discussing the goals and objectives of the State Plan, several basic concepts have been taken into consideration. First, and foremost among these, is that each retarded individual must be provided, insofar as is practical and feasible, opportunities to develop his or her fullest potential. With this prime concept in mind, it is believed that planning should center around the involvement of the retarded individual in his own community enviornment and the utilization of local or community services, both general and specialized in nature as much as possible. A logical sequel to our prime concept of providing each retarded individual opportunity to develop his maximum potential is the provision of comprehensive services for retarded individuals which included preventive, diagnostic, and remedial services. Whenever possible emphasis will be placed on the preventive aspects since, in the long run, this offers the greatest hope of reducing the total size of the problem. It is recognized, however, that this must not be done at the expense of other services. Another basic concept is that effective planning cannot be done in isolation. All other Agencies in the State, which are concerned to a significant degree with mentally retarded individuals, must be involved in developing an effective, meaningful, and practical plan. A further basic concept is to utilize existing suitable facilities and to program construction only where a definite need exists.

State Policies

Existing state policy places broad responsibility for the mentally retarded in the State Department of Institutions while the specific responsibility for educating the mildly retarded of school age lies in the State Department of Public Instruction.

Due to the large area of the State of Montana, mentally retarded citizens and their families must travel great distances for needed services and care. The Comprehensive State Plan for the Mentally Retarded outlines the

needs and contains recommendations to provide better service and care to the retarded on a community or regional basis. The implementation of the recommendations through state and local action will be a substantial step forward in meeting the needs of Montana's mentally retarded citizens and their families. Emphasis is being placed on the development of programs for services for the retarded rather than the construction of facilities. As the program and services develop, and additional facilities are indicated, these will be programmed for construction.

Specific policies for guidance in the allocation of Federal grants that are to be observed are as follows:

1. Applications, in order to be considered, must be submitted on current forms of "Application for Project Construction" supplied on request to the Montana State Department of Health. These must be complete with supporting material as outlined in the instructions for completing the applications. The submission of an application under this Revision of the State Plan, if not acted upon due to insufficient Federal funds, shall not be construed by the applicant as establishing a priority under subsequent revisions of the State Plan.

2. The Advisory Hospital Council, at its regularly scheduled meeting will review applications for project construction and recommend to the State Board of Health projects that are to be included on the Project Construction Schedule utilizing available Federal funds. Applicants will be given at least three weeks notice of such meeting to afford them the opportunity to appear before the Council in behalf of their applications. Applications will be considered by the Council taking into account conformance with the State Plan, area priority, the availability of Federal funds, and these specific policies for guidance in the allocation of Federal grants.

3. As a prerequisite for filing an application for project construction, the sponsor shall submit for review and approval a detailed program outlining the facilities and services to be provided by the proposed facility. The applicant must also show that adequate staff and proper professional personnel, in the respective services, will be available to staff the proposed facility. This program shall be submitted prior to engaging the services of an architect.

4. Filing of Part 1, and the Supplemental Project Information form for Facilities for the Mentally Retarded, is a requirement for consideration for funds and does not assure the applicant that the funds will be allocated.

5. Allocations shall be recommended in only such amounts as will insure the construction of adequate and satisfactory facilities, and only to the extent necessary to insure that adequate mental retardation services will be available. The Council shall recommend only applicants who propose projects which demonstrate solutions to community needs and furnish evidence of sufficient resources to support a reasonable expectancy of effective use. Assistance shall not be allocated to that portion of any project which will provide services in excess of the total needs designated in the State Plan.

6. In the event there is an existing facility for the mentally

retarded in the community, which is either inadequate or nonconforming, it shall be given an opportunity to make an application for the improvement, expansion, or replacement of its facilities in order to meet the established community needs before any other application from the community shall be considered.

7. Where an institution is functioning in a structure of inadequate capacity, obsolete arrangement and/or otherwise nonconforming rating, and can provide better service in a new plant, total replacement will be favored over a project for modernization of the existing structure, provided the latter will be abandoned as to its original purpose.

8. Applications for projects within each area shall be considered in order of importance as follows:

a. Facilities which alone or in conjunction with other existing facilities provide comprehensive services for a particular community or communities.

b. Facilities which alone or in conjunction with other existing facilities provide multiple but less than comprehensive services for a particular communtiy or communities.

c. Facilities which provide a single service for a particular community or communities.

9. Facilities under construction, not previously approved for funds for construction of facilities for the mentally retarded, are not eligible for participation.

10. Federal funds allocated to any project cannot exceed 55% of the eligible project costs.

Correlation to Other Planning Efforts and P.L. 88-156

Governor Tim Babcock, in May, 1964, designated the Montana State Board of Health as the Mental Retardation Planning Agency for Montana. Mary E. Soules, M.D., M.P.H., Director of the Division of Disease Control, State Department of Health, was named director of this mental retardation planning program by John S. Anderson, M.D., M.P.H., Executive Officer of the State Department of Health, and Mrs. Maxine S. Homer, Health Education Consultant, was named the Coordinator. Doctor Anderson also named Robert J. Munzenrider, Chief, Hospital Construction Section, to be in charge of the construction phase of the program.

The Governor, in 1963, directed the state mental health authority to develop a comprehensive mental health plan for Montana, and the State Department of Health to administer the construction phase of the Federal Community Mental Health Centers Act.

The Executive Officer and various division directors of the State Department of Health have participated in a major degree in the formulation of the committees for mental health and mental retardation.

In accordance with the stated objectives of developing this plan in cooperation with other involved agencies, liberal use has been made of the recently developed comprehensive state plan for the Mentally Retarded, as well as the services of its Project Coordinator. An excellent working relationship has also been developed with the State Department of Institutions. Guidance has been received from the various committees of the comprehensive state plan for the Mentally Retarded and their reports of prevention, available services, professional and lay training, legislation and research.

This State Plan has correlation with the State Plan for the Construction of Hospitals and Medical Facilities and for the Construction of Community Mental Health Centers in the following areas:

1. The State Agency for the administration of construction funds is the same for all three plans.

2. The Advisory Council to the State Agency is a single council with appropriate representation from the three areas of interest.

3. Current and projected populations are the same for all three plans.

4. Upon the recommendation of the Advisory Council, the geographical regions have been changed in this revision of the State Plan for Construction of Mental Retardation Facilities. These regions now conform with those of the State Plan for Construction of Community Mental Health Centers and basically with those of the State Plan for Hospital and Medical Facilities Construction. This allows for the planning of comprehensive total health care for areas and communities. The State Mental Health Authority also uses these same regions in establishing Regional Mental Health Boards.

5. State policies of administration for the State Plan for the Construction of Facilities for the Mentally Retarded and the State Plan for the Construction of Community Mental Health Centers and for the Construction of Hospital and Medical Facilities are the same whenever applicable.

6. The State Mental Health Authority, Stanley J. Rogers, M.D., Director, Division of Mental Hygiene, Montana State Department of Institutions and Mr. Jack C. Carver, Division of Vocational Rehabilitation, State Board of Education, serve as consultants to the Advisory Council.

CHAPTER IV

MENTAL RETARDATION REGIONS

CHAPTER IV

MENTAL RETARDATION REGIONS

The State Board of Health adopted the recommendation of the Advisory Council that the geographical regions of the State Plan for Construction of Mental Retardation Facilities conform with those of the State Plan for Construction of Community Health Centers. These regions are very similar to the regions used in the State Plan for Hospital and Medical Facilities Construction, the only difference being that boundary lines follow county lines rather than dividing some counties.

The state has been divided into five regions, or service areas. In doing so, it is recognized that no division can be made which will satisfy all of the needs of each community in the state and still follow the established guidelines and consider important factors such as the boundaries of local units of government. However, careful attention has been given to such important considerations as population, trade areas, geographic regions, and natural barriers, location of urban centers, transportation routes and availability of qualified personnel and facilities. In a state which has many sparsely populated areas, it becomes expedient to consider needs regardless of the population in the area.

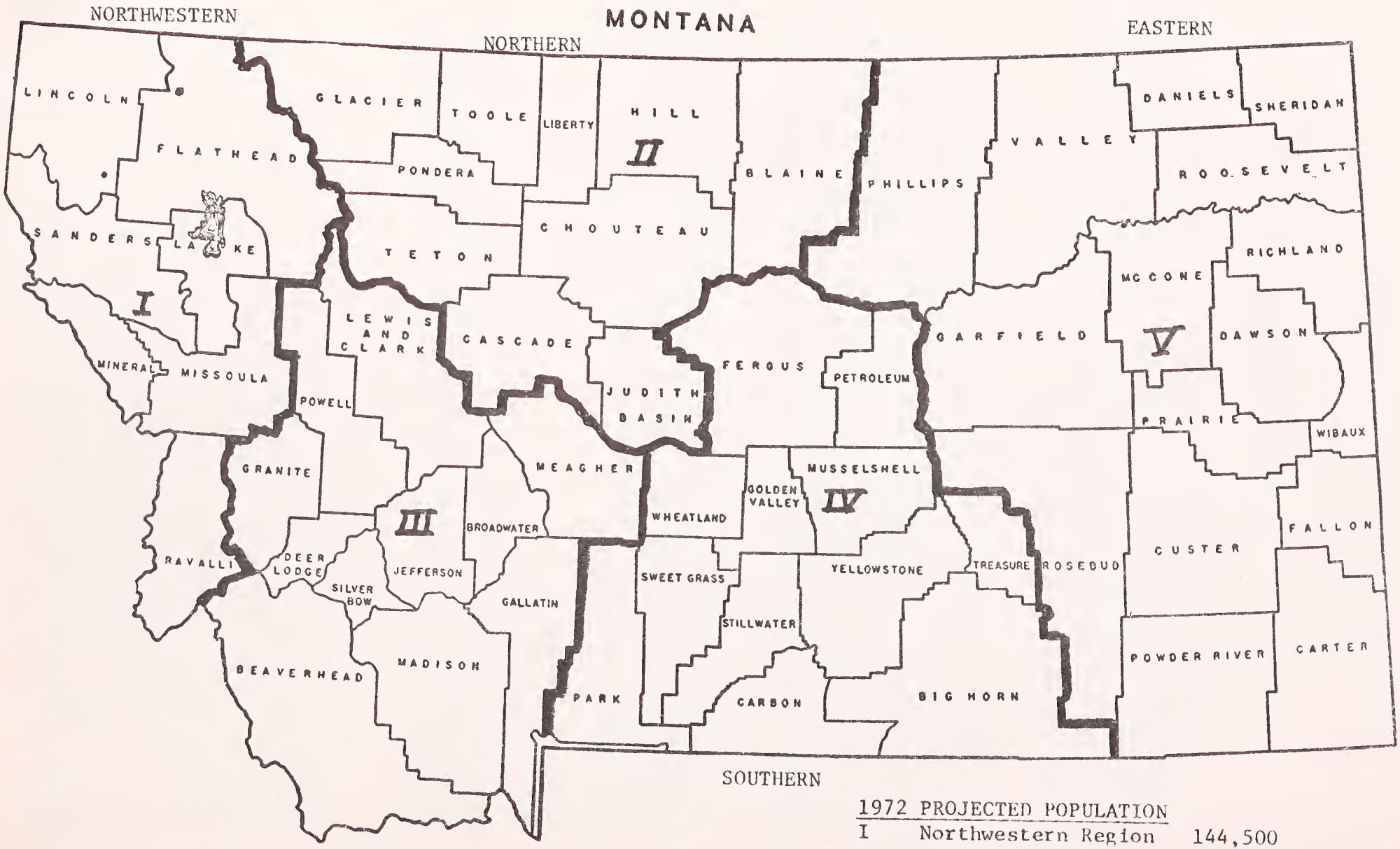
The map on Page 21 shows the five (5) mental retardation regions, or areas. Each region has at least a few reasonably populated cities and towns which already serve as economic and medical centers for care. The discussion of each area, which follows, contains a review of geographic and topographic features as well as other factors which are of significance in planning local programs.

REGION I - Northwestern

This region is composed of the entire counties of Lincoln, Flathead, Lake, Sanders, Mineral, Missoula, and Ravalli. It has an estimated population of 129,800 with a projected population of 144,500 in 1972. The estimated number of persons aged 65 and over is 13,857 with a projection of 14,477 in 1972.

This region is composed of some of the most rugged terrain in the United States. The transportation routes run along the valleys parallel to the mountain ranges. East-west travel in the northern portion of the region serving Lincoln and Flathead counties is U. S. Highway No. 2. The central portion consisting of Missoula and Mineral counties is served by Interstate 90 for east-west travel, while U. S. No. 10A serves Missoula and Sanders counties for east-west travel. North-south travel is by U. S. Highway 93 through Ravalli, Missoula, Lake and Flathead counties. Railroad service in the northern portion of the region, Lincoln and Flathead counties, is by Great Northern Railway, which has two trains daily traveling east and west, in both directions. These are transcontinental trains between Seattle, Portland, and Chicago. Missoula and Sanders counties are served by two trains daily going both directions, east and west, between Seattle, Portland, and Chicago. The City of Missoula is served by Northwest

MENTAL RETARDATION REGIONS



1972 PROJECTED POPULATION		
I	Northwestern Region	144,500
II	Northern Region	176,100
III	Southwestern Region	167,500
IV	Southern Region	164,800
V	Eastern Region	110,100
	State Total	763,000

No. 1050 — County Outline Map
STATE PUBLISHING COMPANY
Helena
YZ Pads - QQ - WE

Airlines, Frontier Airlines, and Commute Air, which provides commuter service. Kalispell is served by the West Coast Airlines providing service between the Pacific Northwest and Great Falls, Montana, and by Commute Air between Spokane, Washington, Troy, Libby, Missoula, and Helena. Bus service to the greater part of the area is provided in both east-west and north-south directions.

With minor exceptions, industry is confined to lumber, wood products, limited mining, agriculture, fruit growing, livestock, dairying, manufacturing and tourists. The City of Missoula is the trade and medical center for Western Montana, and is the location of the University of Montana and the U. S. Forest Service.

The University of Montana offers many resources to the community and the region. The University has inaugurated a degree program in psychology and also trains para-medical personnel including psychologists, social workers, physical therapists, pharmacists, and speech and hearing therapists.

The Missoula City-County Health Department is located at Missoula as is the Missoula Mental Hygiene Clinic. The Child Development Center at Missoula offers mental retardation evaluation and diagnosis.

The region is served by community hospitals located at Libby, Whitefish, Kalispell, Hot Springs, Superior, Polson, Ronan, St. Ignatius, Missoula, and Hamilton. Nursing homes are located at Kalispell, Hot Springs, Polson, Ronan, St. Ignatius, Missoula, and Hamilton.

The Flathead Indian Reservation is located in this region.

REGION II - Northern

This area is comprised of Glacier, Toole, Pondera, Liberty, Hill, Blaine, Teton, Chouteau, Cascade, and Judith Basin counties. The estimated population of the region is 154,100 with a projected population of 176,100 in 1972. There are an estimated 12,468 persons aged 65 and over, at the present time, with 12,568 being projected in 1972. This area lies east of the Continental Divide, is relatively flat, and the beginning of the Great Plains.

The area has diversified industries, including agriculture, livestock, smelting, flour milling, oil production and refining, and some manufacturing. There are two major population centers in this region--Great Falls and Havre.

Great Falls is the largest city in the State of Montana. Located at Great Falls are the College of Great Falls, Smelter and Electrolytic Plant of the Anaconda Mining Company, and the Air Force Base. The Montana Power Company has a series of dams for the generation of electric power. Great Falls is the trade center for northern Montana and is also considered as the medical center for this region. Havre is the second largest city in the region and is a division point on the Great Northern Railroad. The Northern Montana College is located at Havre.

Travel is mostly in an east-west or west-east direction with travel to the south restricted by the Missouri River, there being only one main

highway between Great Falls and Wolf Point that crosses the River. The highway system consists of U. S. No. 2 for east-west travel and Highways 89,91, and 87 for north-south travel. The only other north-south highway is U. S. 191 from Lewistown to Malta. Railroad passenger service is by the Great Northern Railroad which operates two transcontinental trains daily in both directions, east and west. There is generally good bus service in this area. Great Falls serves as the hub for airline service in Montana, being served by four airlines for travel in all directions. Frontier Airlines operates between Great Falls, Havre, Glasgow, Wolf Point, Sidney, and points in North and South Dakota.

There are three Indian Reservations in this region: The Blackfeet in Glacier County, the Rocky Boy in Hill County and the Fort Belknap in Blaine County. This region also has a concentration of Hutterite Colonies, there being three in Teton County, two in Toole County, and one each in Pondera, Glacier, Liberty, Hill, and Blaine Counties.

General hospitals are located at Cut Bank, Shelby, Chester, Havre, Conrad, Big Sandy, Fort Benton, Choteau, and Great Falls. Nursing homes are located at Cut Bank, Shelby, Chester, Havre, Harlem, Conrad, Fort Benton, Big Sandy, Choteau, and Great Falls. Judith Basin County has one (1) physician but has no hospital or other medical Facilities. Northern Montana College at Havre operates a 3-year diploma school of nursing and a school of practical nursing. The Columbus Hospital and the Montana Deaconess Hospital, Great Falls, are affiliated with the Montana State University in a degree program for nurses' training. The region is currently served by the Mental Hygiene Clinic and a psychiatric unit in the Montana Deaconess Hospital, both at Great Falls.

The Montana Rehabilitation Center, Great Falls provides services and classes for educable retarded children, while the school system provides classes for educable and trainable mentally retarded. The Information and Referral Center for Handicapped Children at Great Falls offers services for the retarded.

REGION III - Southwestern

This region consists of Lewis and Clark, Jefferson, Broadwater, Meagher, Powell, Granite, Deer Lodge, Silver Bow, Beaverhead, Madison, and Gallatin Counties. It has an estimated population of 153,700 with a projected population of 167,500 in 1972. There is an estimated 15,992 persons aged 65 and over at the present time projected to 16,062 in 1972.

This area lies predominantly east of the Continental Divide and is mostly in mountainous areas. Here, again, the transportation routes run along the valleys parallel to the mountain regions. The main trade centers in this area are Butte, Helena, and Bozeman. The industries in the region include agriculture, livestock, meat packing, smelting, oil products distribution, mining, logging and lumber products, and some manufacturing.

The largest city in the region is Butte. The operations of the Anaconda Copper Mining Company are at Butte and Anaconda. These include mining, milling, smelting, and refining. Other industries include agriculture, livestock, meat packing, logging and wood products and some manufacturing. The Montana College of Mineral Science and Technology (formerly Montana

School of Mines) is located at Butte. It is also the trade center and medical center in the area.

Helena is the second largest city in the region. It is the location of the State Capitol and various Federal Offices. The Veteran's Administration operates a hospital at Fort Harrison (approximately six miles west of Helena.) Helena is also the location of Carroll College.

Bozeman is the third largest city in the region and is the location of the Montana State University.

There are good highways between cities and towns in the area. East-west highways include Interstate 90 and U. S. Highway 12 and 287. North-south travel is by Interstate 15, U. S. 91, 287, and 10. Railroad passenger service is by the Northern Pacific Railroad for travel east and west, while the Union Pacific operates south to Salt Lake City from Butte. Airline service in all directions is available by Western Airlines and Northwest Airlines from Helena, Butte, and Bozeman. Frontier Airlines serves Bozeman while Commute Air also serves Helena.

There are two Hutterite Colonies located in Meagher County, one near White Sulphur Springs and one near Martinsdale.

This region is served by community hospitals located at Helena, Deer Lodge, Philipsburg, Anaconda, Butte, Dillon, Sheridan, Ennis, Bozeman, Townsend, and White Sulphur Springs. Nursing homes are located at Helena, Anaconda, Butte, Sheridan, and Bozeman. Mental hygiene clinics are located at Helena and Butte. The Warm Springs State Hospital at Warm Springs, a mental facility, serves on a statewide basis. Due to the proximity of this facility, there is a high utilization from residents in this region. This also serves approximately 140 mentally retarded children who will be moved to the Boulder River School and Hospital, at Boulder, upon completion of added facilities currently under construction.

The Boulder River School and Hospital at Boulder, serves Montana's mentally retarded citizens on a statewide basis. It is the plan of the Montana State Department of Institutions to keep the Boulder facility at a size to accomodate approximately 900 retardates, and to construct facilities for the mentally retarded in other regions of the State. Upon completion of the plan, it is anticipated that the Boulder facility will serve Region III and also serve for the referral of more severe retardates from the outlying areas. It is planned that after the necessary evaluation and treatment has been completed that these will be returned to their respective communities. Due to the crowded conditions at the Boulder facility, approximately 100 retardates have been transferred to facilities at the Galen State Hospital at Galen. Limited services for the retarded include a nursery school and sheltered workshop at Butte and the GARC Training Class at Bozeman.

REGION IV - Southern

This region includes Fergus, Petroleum, Wheatland, Park, Sweet Grass, Golden Valley, Musselshell, Stillwater, Yellowstone, Treasure, Carbon, and Big Horn Counties. This area comprises both mountainous and plains areas

with good transportation routes. It has an estimated population of 145,100 with a projected population of 164,800 in 1972. There is an estimated 13,963 persons aged 65 and over, with a projection of 14,133 in 1972. The area has diversified industries including agriculture, livestock, livestock marketing, meat packing, sugar refining, oil refining, trucking, mining, and some manufacturing.

The largest city in the area is Billings. It is the medical center and trade center for south central Montana and northern Wyoming. Billings is also the home of Eastern Montana College and the Rocky Mountain College. The larger communities in the region are Lewistown and Livingston. Other communities, though somewhat smaller, are Big Timber, Columbus, Red Lodge, Harlowton, Roundup, and Hardin.

Travel in general is by good highways which include Interstate No. 90 and 94, and U. S. 12 for east-west travel, and for north-south travel U. S. Highway 89, 212, 310, 87, and 191. East-west railroad travel is by the Northern Pacific Railway, while travel to the south is by the Burlinton Railroad. Air service is provided by Frontier Airlines, Northwest Airlines, and Western Airlines into Billings for service in all directions. Lewistown is served by Frontier Airlines. Bus service in the area is also good.

A Hutterite Colony is located near Harlowton in Wheatland County. The Crow Indian Reservation and a portion of the Tongue River Indian Reservation are located in Big Horn County.

This region is served by community hospitals located at Billings, Lewistown, Harlowton, Roundup, Big Timber, Columbus, Red Lodge, and Hardin. Nursing homes are located at Billings, Lewistown, Roundup, Big Timber, Columbus, and Hardin. The Montana Center for the Aged at Lewistown serves on a statewide basis with patients being transferred back and forth between the Warm Springs State Hospital at Warm Springs. Petroleum and Golden Valley Counties have no physicians or facilities located within these counties. Mental health facilities include the Billings Mental Hygiene Clinic with inpatient beds as a psychiatric unit at the Billings Deaconess Hospital. A regional mental health board has been organized in this region and plans are underway for the establishment of a community mental health center.

Day facility programs for the mentally retarded are provided in Billings at Children's Village and at the Montana Center for Handicapped Children. The Center is located on the campus of Eastern Montana College and also serves for the teaching of students in the Department of Special Education and Guidance of the College.

REGION V - Eastern

This region consists of Phillips, Valley, Daniels, Sheridan, Roosevelt, McCone, Richland, Dawson, Prairie, Wibaux, Garfield, Rosebud, Custer, Fallon, Powder River, and Carter Counties. This is relatively plains area with generally good travel routes. It has an estimated population of 111,300 with a projection of 110,100 in 1972. There are an estimated 10,720 persons aged 65 and over with a projection of 10,760 in 1972.

The chief industries in the area are agriculture, livestock, sugar

beet growing, sugar refining and oil production. The larger communities in the area are Miles City, Glendive, Glasgow, and Sidney.

The area in general is served by good travel routes. However, Garfield, Powder River, and Carter Counties are somewhat isolated. The only means of communication and travel in these is by highway. East-west highways include Interstate No. 90, and U. S. 12. The northern portion is served by U. S. No. 2. The north-south travel in the northern portion of the region is by State Route 247, 13, 16, and 24. The southern portion of the region is served by U. S. 212, 312, and State Routes 7 and 22. Garfield, Powder River, and Carter Counties have no bus, railroad, or air service. Frontier Airlines provides service to Miles City, Glendive, Sidney, and Glasgow.

There are two junior colleges in the region, one being located at Miles City, and the other at Glendive. A Veteran'a Administration Hospital is located at Miles City.

The Fort Peck Indian Reservation is located mostly in Roosevelt County with portions in Valley, Daniels and Sheridan Counties. A portion of the Tongue River Reservation is located in Rosebud County.

This region is served by community hospitals at Malta, Glasgow, Scobey, Plentywood, Wolf Point, Poplar, Culbertson, Jordan, Circle, Sidney, Glendive, Forsyth, Miles City, Terry, Baker, and Ekalaka. Nursing homes are located at Scobey, Wolf Point, Piplar, Circle, Sidney, Glendive, Baker, and Ekalaka. A nursing home is under construction at Glasgow.

The 1967 Montana Legislative Assembly appropriated $165,000 to construct facilities for the mentally retarded at Glendive. This, together with Federal funds, will allow total construction in the amount of $333,333. Plans are to construct two cottages for 32 retardates and special education facilities. Additional special education facilities are to be provided by the community. The Opportunity Room at Glasgow provides services in day facility programs for a limited number of retardates as does the Custer County Day School at Miles City.

POPULATION ESTIMATES AND PROJECTIONS

The population estimates and projections are those used in the Montana State Plan for Hospital and Medical Facilities Construction, which are the latest figures of civilian population, certified by the Federal Department of Commerce.

According to the U. S. Bureau of Census, Series P-25, No. 348, dated September 16, 1966, the provisional estimate of civilian population for Montana as of July 1, 1966 is 694,000.

The projected civilian population for Montana as of 1972 is shown as 763,000 in the U. S. Bureau of Census illustrative projections in their Series P-25, No. 326, dated February 7, 1966. This also gives a projection of 68,000 of population aged 65 and over.

The U. S. Bureau of Census provisional estimates of population aged 65 and over as of 1966 as given in their Series P-25, No. 350, dated October 5, 1966 for Montana is 67,000.

Population Estimates by Region are as follows:

			Projected 1972	
Region	Population	Aged 65 and over	Population	Aged 65 and Over
I - Northwestern	129,800	13,857	144,500	14,477
II - Northern	154,100	12,468	176,100	12,568
III - Southwestern	153,700	15,992	167,500	16,062
IV - Southern	145,100	13,963	164,800	14,133
V - Eastern	111,300	10,720	110,100	10,760
STATE TOTAL	694,000	67,000	763,000	68,000

CHAPTER V

SERVICES AND FACILITIES

CHAPTER V

SERVICES AND FACILITIES

The mentally retarded require an array of services that provide a "continuum of care" or "spectrum of opportunity" for all levels of retardation and for all age groups.

To achieve a continuum of care requires an overall program of direct services. All services shall be correlated to provide maximum efficiency and use of available financial and personnel resources to insure full coverage of needs of the retarded.

Diagnostic

Coordinated medical, psychological, and social services, supplemented where appropriate by nursing, educational, or vocational services and carried out under the supervision of personnel qualified to: (1) diagnose, appraise, and evaluate mental retardation and associated disabilities and the strengths, skills, abilities, and potentials for improvement of the individual; (2) determine the needs of the individual and his family; (3) develop recommendations for a specific plan of service to be provided with necessary counseling to carry out recommendations; and (4) where indicated, periodically reassess progress of the individual.

An adequate and thorough diagnosis and evaluation of all retarded persons is essential to the proper planning of individual programs to meet particular and specific needs. Both short-term and long-term planning for treatment, training, education, and personal care or supervision of the individual and counseling of his parents is dependent upon the quality of diagnosis and evaluation services provided for him. Hence, diagnostic and evaluation services are the keystone to the development of a complete array of services in any community or region.

Mental Retardation is frequently complicated by problems of associated physical disabilities, emotional disturbances, sensory defects, and the like. The existence of these correlative conditions emphasizes the need for comprehensive diagnosis and evaluation prior to the development, of individual programs for treatment, education, training, personal care services, or sheltered employment.

Treatment

Services under medical direction and supervision providing specialized medical, psychiatric, neurological, or surgical treatment, including, where appropriate, dental therapy, physical therapy, occupational therapy, speech and hearing therapy, or other related therapies which provide for improvement in effective physical, psychological, or social functioning of the individual.

The inclusion of the full range of specialized medical and related services contained in the definition above is predicated on the concept

that the retarded will require the same basic medical care as the non-handicapped. The importance of developing and maintaining adequate treatment services for the retarded is also emphasized by the fact that significant portion of retardates have associated disabilities such as impaired hearing, difficulty in perceiving, impaired vision, poor muscular coordination, and physical deformities. Increased survival rates will probably increase the number of retarded persons with associated physical handicaps in the future.

Educational

Services, under the direction and supervision of teachers qualified in special education, which provide a curriculum of instruction for preschool children, for school-age children unable to participate in public schools and for the mentally retarded beyond school-age.

The basic functions of educational programs for children of preschool age are to develop basic self-help skills such as dressing and grooming develop preacademic skills, provide socialization and group training, and promote environmental enrichment for the culturally deprived to improve intellectual experience and motivation. Educational services for the retarded of school age encompass a curriculum of instruction for those unable to keep abreast of a normal public school program. The content of such a curriculum must relate to the capacities of the individuals whom it is to serve.

Many retardates are able to go from school to some type of employment without great difficulty. Others need postschool vocational training services for placement in the economic life of the community. A large number of these retardates have associated personal, social, and physical handicaps. These require specialized training under qualified personnel to develop the skills which will enable them to engage in competitive or sheltered employment.

Vocational training includes vocational evaluation, counseling, systematic planned instruction for sheltered or competitive employment, placement and followup services. All of these services are to be carried out under the supervision of personnel qualified to direct these services.

Training

Services which provide (1) training in self-help and motor skills, (2) training in activities of daily living, (3) training in useful occupational skills, (4) opportunities for personality development and social skills or (5) experiences conducive to social development, and which are carried out under the supervision of personnel qualified to direct these services.

This broad definition of training services also includes group activity services, as well as group home and halfway house services.

Group activity services are defined as: Coordinated programs of diversified activities providing opportunities for individual learning and participation including recreational activities.

Group home or halfway house services are defined as: Supervised housing arrangements which may include counseling and group activities for small groups of mentally retarded individuals capable of relatively independent living or for individuals needing opportunities to become oriented to community life.

Training services must be developed for a wide range of levels of retardation and for all age groupings. For example, training services for those in the lower levels of retardation should provide opportunities for the development of behavior patterns, self-care skills, social skills, health habits and attitudes, money management, and many others. Training may be provided on an individual or group basis. For instance, for the young retarded child home training programs are desirable to assist the mother in developing techniques and sequences of activity which contribute to self-help, motor development, and the like.

Training programs must be compatible with the present developmental levels, learning characteristics, and potentials for future development of the retardates involved. For the younger retarded person, training programs usually emphasize self-help, basic communication, and interpersonal skills. For the older or more capable individual, training programs will generally stress activities which provide opportunities to acquire skills enhancing participation in family, community, and economic life. Include programs for adults who have completed various types of educational programs available during the school-age years but who are too handicapped to be acceptable in a vocational training or sheltered workshop program.

Custodial

Services which provide personal care (including food, shelter, and clothing), and special nursing and medical care directed at the prevention of regression and the stimulation of maturation.

Personal care services involve much more than programs designed solely to furnish food, clothing, and shelter. These services should only be maintained where treatment, education, and/or training services are provided within the same facility in order to bring the individuals involved to a higher level of function.

Sheltered Workshop

Services involving a program of paid work which provides (1) work evaluation; (2) work adjustment training; (3) occupational training, and (4) transitional or extended employment and which is carried out under the supervision of personnel qualified to direct these activities.

Sheltered workshop services have two major aspects: transitional employment and extended employment. In transitional employment, the major goal is eventual placement in community employment. Such a program gives considerable emphasis to training, evaluation, and placement programs as well as to actual employment activities. In the extended employment program, the emphasis is upon a broad range of work activities for those who cannot function satisfactorily in competitive employment.

There are certain advantages in providing the mentally retarded with

sheltered workshop services in programs which include other handicapped individuals. For some of the mentally retarded, such programs can permit broader opportunities for socialization experiences and widen the range of job contracts that can be fulfilled. These benefits can be realized, however, only if the staff of the multipurpose workshop recognizes the special needs of the retarded, particularly the longer training time frequently required.

Facilities

1. Diagnostic and Evaluation

Any facility under this section must be sufficient in size to accommodate a staff which will be adequate and proper to accomplish coordinated medical, psychological, and social services, supplemented where appropriate by nursing, educational, or vocational services and carried out under the supervision of personnel qualified to : (1) diagnose, appraise, and evaluate mental retardation and associated disabilities and the strengths, skills, abilities, and potentials for improvement of the individual and his family; (2) determine the needs of the indivudual; (3) develop recommendations for a specific plan of services to be provided with necessary counseling to carry out recommendations; and (4) where indicated, periodically reassess progress of the individual.

Diagnostic and evaluation clinics may be operated as a part of or be associated with such facilities as a medical teaching center, a mental health facility, a general hospital, a residential or day facility for the mentally retarded, a public health center, or a State Agency, or may be freestanding. Insofar as possible, diagnostic and evaluation clinics should be planned in proximity to general diagnostic services so as to avoid duplication and to assist in the recruitment of professional personnel. In many communities, it is necessary to obtain diagnostic and evaluation services by utilizing the services of several different agencies or practitioners. To make effective use of such resources requires a high degree of cooperation among the agencies involved.

2. Day Facility

Any facility under this section must be sufficient in size to accommodate treatment rooms, rooms for education, training, custodial or workshop services on less than a 24 - hour basis.

Day facilities provide many benefits to the retarded person, his family, and his community. Significant among them are: participation in supervised programs formally developed to meet individual needs, and maintenance of a controlled environment in which appropriate habit formation is a basic goal. These facilities also provide a wider range and type of experience than can be developed within the family. At the same time, the values of continuing participation in family life are retained. By using day facilities, parents are afforded some relief from the 24-hour task of care and, through participation in parent-counseling programs offered by such facilities, can obtain a better understanding of the problems of the retarded. Thus, day facilities make it possible to keep the retarded at home and in the community.

3. Residential Facility

Any facility under this section shall be sufficient in size to accommodate those individuals who by reason of necessity must remain on the premises on a 24-hour-a-day basis for the purpose of treatment, education, training, or personal care.

Residential facilities have a long history of providing services for the mentally retarded. In the process of their development, they have changed from being largely custodial institutions to facilities maintaining broad-gaged programs. These programs include services for the severely retarded and totally dependent as well as services for the retarded who cannot be maintained in the home or community because of emotional or behavior problems. Residential facilities also meet the needs of the communities unable to financially support the services required by the retarded or in which placement in generic services or facilities such as foster homes is impractical or inadequate.

4. Group Home Facility

Any facility under this section shall be sufficient to accommodate housing, personal counseling services, and group activity services for individuals capable of personal self care.

The major function of group home facilities is to provide opportunities for as much independence of living as can be maintained within a program framework which unobtrusively provides or makes available the services needed to sustain independence. These facilities may be satisfactorily developed as homes for the adult retarded, young or old, living and working in the community. They may also be developed as halfway houses for the retarded in transition from residential to community life. These facilities may be established as freestanding institutions, independently owned or operated. Or they may be administratively associated with a residential facility, a day facility providing comprehensive services, or a State Agency having administrative responsibility for programs for the mentally retarded.

None of these facilities should be established if for any reason they would duplicate an already existing, suitable facility designated for these very same purposes.

CHAPTER VI

INVENTORY OF FACILITIES, SERVICES, AND PROGRAM

CHAPTER VI

INVENTORY OF FACILITIES, SERVICES, AND PROGRAM

Coding for PHS Form 4774-1

Columns 4 and 5

Non-profit

01 Community non-profit association.
02 Church affiliated non-profit association.
03 Fraternal order affiliated non-profit association.
04 Other non-profit.

Public

11 City
12 County
13 State
14 Other Public

Proprietary

21 Individuals
22 Partnership
23 Corporation
24 Other Proprietary

Column 6

A Own
B Rent or lease
C Free use

Columns 7a, 7b, 7c

a - Originally designed as a facility for the mentally retarded.
b - Remodeled into a facility for the mentally retarded.
c - Not designed or remodeled as a facility for the mentally retarded.

Columns 8a, 8b

The number of buildings classified in terms of established criteria for structural adequacy. The number of buildings that are suitable are entered in the "S" column and the number of buildings that are unsuitable in the "U" column.

Information on PHS Form 4774-1 and PHS Form 4774-2 was compiled from information forms sent to the Mental Retardation Agencies and organizations in the State by the Mental Retardation Planning Agency of the Montana State Department of Health.

PHS-4774-1
REV. 11-66

STATE PLAN
MENTAL RETARDATION FACILITIES CONSTRUCTION PROGRAM

FORM APPROVED
BUDGET BUREAU NO. 68-R678

DATE: 1968 | STATE: Montana

INVENTORY – GENERAL DATA

AREA	LOCATION: CITY OR TOWN	LOCATION: COUNTY	NAME OF FACILITY	TYPE OF FACILITY: DIAGNOSTIC AND EVALUATION CLINIC (A)	TYPE OF FACILITY: DAY FACILITY (B)	TYPE OF FACILITY: RESIDENTIAL FACILITY (C)	OWNERSHIP OR CONTROL OF PROPERTY	SPONSORSHIP OF PROGRAM	SPONSOR'S INTEREST IN PROPERTY	NUMBER OF BUILDINGS IN FACILITY CLASSIFIED BY M.R. DESIGN (A)	(B)	(C)	NUMBER OF BUILDINGS SHOWING STRUCTURAL SUITABILITY (S)	(U)	TOTAL NUMBER OF MENTALLY RETARDED INDIVIDUALS SERVED IN THE FACILITY: TOTAL	LEVEL OF RETARDATION: MILD	MODERATE	SEVERE	PROFOUND	AGE GROUPING: PRE-SCHOOL	SCHOOL AGE	ADULT
1	2a	2b	2c	3a	3b	3c	4	5	6	7a	7b	7c	8a	8b	9	10a	10b	10c	10d	11a	11b	11c
REGION																						
I	Missoula	Missoula	Child Development Center	X			12	13	B			1			76	34	28	14		15	59	2
I	Missoula	Missoula	Opportunity School		X		02	04	C			1		1	23	2	19	2		1	13	9
II	Great Falls	Cascade	Montana Rehabilitation Center		X		04	04 14	A			1	1		16		16				16	
II	Great Falls	Cascade	Information and Referral Center 1/																			
III	Boulder	Jefferson	Boulder River School and Hospital	X		X	13	13	A	12			13	10	868	228	253	204	183	24	331	513
III	Butte	Sil. Bow	Nursing School for MR		X		14	04	C			1		1	7	4	3			7		
III	Butte	Sil. Bow	Sheltered Workshop		X		21	04	B			1		1	17	3	13	1			2	15
III	Galen	Deer Ldg.	State Pulmonary Disease Hospital			X	13	13	A			2		2	100	10	55	35				100
III	Warm Spgs.	Deer Ldg.	Warm Springs State Hospital			X	13	13	A													

PHS-4774-1
REV. 11-66

STATE PLAN
MENTAL RETARDATION FACILITIES CONSTRUCTION PROGRAM

FORM APPROVED
BUDGET BUREAU NO. 68-R878

DATE: 1968 | STATE: Montana

INVENTORY – GENERAL DATA

AREA	LOCATION: CITY OR TOWN	LOCATION: COUNTY	NAME OF FACILITY	TYPE OF FACILITY: DIAGNOSTIC AND EVALUATION CLINIC	TYPE OF FACILITY: DAY FACILITY	TYPE OF FACILITY: RESIDENTIAL FACILITY	OWNERSHIP OR CONTROL OF PROPERTY	SPONSORSHIP OF PROGRAM	SPONSOR'S INTEREST IN PROPERTY	NUMBER OF BUILDINGS IN FACILITY CLASSIFIED BY M.R. DESIGN			NUMBER OF BUILDINGS SHOWING STRUCTURAL SUITABILITY		TOTAL NUMBER OF MENTALLY RETARDED INDIVIDUALS SERVED IN THE FACILITY: TOTAL	LEVEL OF RETARDATION: MILD	LEVEL OF RETARDATION: MODERATE	LEVEL OF RETARDATION: SEVERE	LEVEL OF RETARDATION: PROFOUND	AGE GROUPING: PRE-SCHOOL	AGE GROUPING: SCHOOL AGE	AGE GROUPING: ADULT
				A	B	C				A	B	C	S	U								
1	2a	2b	2c	3a	3b	3c	4	5	6	7a	7b	7c	8a	8b	9	10a	10b	10c	10d	11a	11b	11c
III	Bozeman	Gallatin	M.R. Information Center 2/																			
IV	Billings	Yellowstn.	Children's Village		X		02	04	C			1		1	5		5			5		
IV	Billings	Yellow-stone	Montana Center for Handicapped Children	X	X		13	13 14	A			1		1	42	42				37	5	
V	Glasgow	Valley	Opportunity Room		X		02	04	C			1		1	5		5				5	
V	Glendive	Dawson	Eastern Montana Facility for the Mentally Retarded			X	13	13	A	2			2		32	(Under Construction)						
					X		13	13	A	1			1		10	(Under Construction)						

1/ Center determines and evaluates present services to the mentally retarded and their parents which will eventually lead to development of further needed services.

2/ Refer to Page 52 for services.

SPECIAL EDUCATION CLASSES IN PUBLIC SCHOOLS

1967 - 1968

	City or Town	County	Educable No.	Trainable No.	Speech Therapy No.**
REGION I					
(Dist. 1)	*Columbia Falls	Flathead	9		
	Kalispell	Flathead	22	6	70
	Whitefish	Flathead	15		
	Charlo	Lake	10		
	*Polson	Lake	6		
	Ronan	Lake	17		
	*St. Ignatius	Lake	32		
	*Eureka	Lincoln	7		
	Libby	Lincoln	30		
(Dist. 10)	Missoula	Missoula	82		60
	Frenchtown	Missoula			13
	*Darby	Ravalli	7		
	Hamilton	Ravalli	17		
	*Plains	Sanders	5		
	Thompson Falls	Sanders	9		
REGION II					
(Dist. 2)	*Browning	Glacier	12		
	Heart Butte	Pondera	9		
	*Shelby	Toole	6		
(Dist. 3)	*Harlem	Blaine	15		
	Havre	Hill	19		
(Dist. 7)	Great Falls	Cascade	158		

	City or Town	County	Educable No.	Trainable No.	Speech Therapy No.**
REGION III					
(Dist. 8)	Helena	Lewis & Clark	68		65
(Dist. 9)	Anaconda	Deer Lodge	27	8	
	*Dillon	Beaverhead	8		
	Butte	Silver Bow	65	21	
	Bozeman	Gallatin	45		
	Three Forks	Gallatin			19
REGION IV					
(Dist. 6)	Lewistown	Fergus			
(Dist. 11)	Livingston	Park	22		21
(Dist. 12)	*Hardin	Big Horn	30		
	*Pryor	Big Horn	6		
	Billings	Yellowstone	189	34	
	Laurel	Yellowstone	26		
REGION V					
(Dist. 4)	*Malta	Phillips	15		
	Glasgow	Valley	23		33
(Dist. 5)	Glendive	Dawson	19		45
	*Baker	Fallon	4		

* Schools starting classes since last report.

** Total students including the mentally retarded.

PHS-4774-2
REV. 11-66

STATE PLAN
MENTAL RETARDATION FACILITIES CONSTRUCTION PROGRAM

FORM APPROVED
BUDGET BUREAU NO. [illegible]

DATE: 1968 | STATE: Montana

INVENTORY – SERVICES DATA

AREA	LOCATION – CITY OR TOWN	LOCATION – COUNTY	NAME OF FACILITY	DIAGNOSTIC & EVALUATION CLINIC – TOTAL NUMBER SERVED	DAY FACILITY – TOTAL NUMBER SERVED	DAY FACILITY – AVERAGE DAILY CASE LOAD IN SERVICES – TOTAL	TREATMENT	EDUCATION	TRAINING	CUSTODIAL CARE	SHELTERED WORKSHOP	RESIDENTIAL FACILITY – TOTAL NUMBER SERVED	RESIDENTIAL FACILITY – AVERAGE DAILY CASE LOAD IN SERVICES – TOTAL	TREATMENT	EDUCATION	TRAINING	CUSTODIAL CARE	SHELTERED WORKSHOP
1	2a	2b	2c	3	4a	4b	4c	4d	4e	4f	5a	5b	5c	5d	5e	5f
I	Missoula	Missoula	Child Development Center	76												
I	Missoula	Missoula	Opportunity School		23		14			9						
II	Great Falls	Cascade	Montana Rehabilitation Center		16		16									
II	Great Falls	Cascade	Information and Referral Center			(Refer to Page 51 .)										
III	Boulder	Jefferson	Boulder River School and Hospital								863	860	310	480	350	250
III	Butte	Silver Bow	Nursery School for MR		7			7								
III	Butte	Silver Bow	Sheltered Workshop		17					17						
III	Galen	Deer Lodge	State Pulmonary Disease Hospital								100				100	
III	Warm Spgs.	Deer Lodge	Warm Springs State Hospital								259	N.A.	16	N.A.	N.A.	N.A.
III	Bozeman	Gallatin	M.R. Information Center			(Refer to Page 52.)										

PHS-4774-2
REV. 11-66

STATE PLAN
MENTAL RETARDATION FACILITIES CONSTRUCTION PROGRAM

FORM APPROVED
BUDGET BUREAU NO. 68-R87

DATE: 1968 | STATE: Montana

INVENTORY – SERVICES DATA

AREA	LOCATION: CITY OR TOWN	LOCATION: COUNTY	NAME OF FACILITY	DIAGNOSTIC & EVALUATION CLINIC: TOTAL NUMBER SERVED	DAY FACILITY: TOTAL NUMBER SERVED	DAY FACILITY: AVERAGE DAILY CASE LOAD IN SERVICES: TOTAL	TREATMENT	EDUCATION	TRAINING	CUSTODIAL CARE	SHELTERED WORKSHOP	RESIDENTIAL FACILITY: TOTAL NUMBER SERVED	RESIDENTIAL FACILITY: AVERAGE DAILY CASE LOAD IN SERVICES: TOTAL	TREATMENT	EDUCATION	TRAINING	CUSTODIAL CARE	SHELTERED WORKSHOP
1	2a	2b	2c	3	4a	4b	4c	4d	4e	4f	5a	5b	5c	5d	5e	5f		
IV	Billings	Yellowstone	Children's Village		5		5											
IV	Billings	Yellowstone	Montana Center for Handicapped Children	37	5		5											
V	Glasgow	Valley	Opportunity Room		5		5											
V	Glendive	Dawson	Eastern Montana Facility for the Mentally Retarded		10		10				32			32				

DETERMINATION OF NEED

The President's Panel indicated that approximately 3% of the total population at some time in their life span discloses evidence of mental retardation. However, for statistical purposes of this plan, the factor of 1 1/2% will be used for pre-school children; 2.5% for school age and 1% for adults. These percentages are applied to the age group percentages as determined by the Division of Records and Statistics of the Montana State Department of Health and using the projected population of 736,000 in 1972, as follows:

11.5% of the population, or 87,730, are between the ages of 1 to 5 years inclusive and the potential (1 1/2%) mentally retarded segment is 1,316.

28.6% of the population, or 218,015 are between the ages of 6 to 19 years inclusive, and the potential (2.5%) mentally retarded segment is 5,450.

59.9% of the population, or 457,255 are 20 years and over, and the potential (1%) mentally retarded segment is 4,572.

The following table shows the age group distribution by region:

Region	1972 Projected Population	11.5% 1 to 5 Yrs.	28.6% 6 to 19 Yrs.	59.9% 20 Yrs. & Over
I	144,500	16,614	41,289	86,597
II	176,100	20,248	50,318	105,534
III	167,500	19,260	47,860	100,380
IV	164,800	18,949	47,089	98,762
V	110,100	12,659	31,459	65,982
TOTALS	763,000	87,730	218,015	457,255

The planning for services is based on the application of the age group factor to the population of each region and then distributing each age group of the estimated mental retardation population into four degrees of retardates as follows:

87% - Mild
10% - Moderate
3% - Severe
1% - Profound

Services are then planned as follows:

RESIDENTIAL CARE for all severe and profound of all age groups, plus 20% of the moderates and 1 1/2% mild all ages, one such unit to be located

in each region which will serve 40 to 500 cases.

DAY CARE for 98.5% of the mild and 80% of the moderate group for the age group 1 to 5 years inclusive, and 80% of the moderates, age 6 to 19 years inclusive, in facilities capable of serving 50 to 200 cases, sufficient in number to serve the region.

SHELTERED WORKSHOPS for the adult, 21 years and older, will be serviced on a ratio of one space per 1000 of the total adult population. Each region will require at least one such sheltered workshop. The planning of workshops will be coordinated with the Division of Vocational Rehabilitation of the Montana State Department of Public Instruction.

DIAGNOSTIC AND EVALUATION CLINICS serving not less than 150 cases per year are planned. New and review cases at the rate of 600 per million of total population are expected and such clinics are planned.

It is understood that there will be some overlap with regard to the various classifications and services offered.

REGION I

POPULATION ANALYSIS

DETERMINATION OF CASE LOAD AND FACILITIES REQUIRED

Total Population: 144,500

Pre-School Population (1 to 5 incl.): 16,614

School Age Population (6 to 19 incl.): 41,289

Adult Population (20 and Over): 86,597

Total Mental Retardation Segment: 2,146

Total Mental Retardation Segment: 249

Total Mental Retardation Segment: 1,032

Total Mental Retardation Segment: 865

		1	2	3	4	Residential Care Cases	Day Care Cases	Sheltered Workshop	D & E Clinic Cases
Line	Segment	Mild	Moderate	Severe	Profound	Columns 3-4 Line A-B-C	Col. 1-2 Line A Col. 2 Line B	1/1000 Adult Population	600 Per Million Total Population
A	Pre-School	(3) 217	(5) 25	5	2	15	233		
B	School Age	(13) 898	(21) 103	21	10	65	82		
C	Adults	(11) 752	(17) 86	17	10	55		86	
	TOTALS	(27) 1,867	(43) 214	43	22	135	315	86	87

FACILITIES REQUIRED: Residential Care (Unit for each 40 to 500 Cases) 1

Day care (Unit for each serving 40 to 200 Cases) 2

Sheltered Workshop (One space per 1000 total adult population) 1

Diagnostic and Evaluation Clinic Cases 87

REGION II

POPULATION ANALYSIS

DETERMINATION OF CASE LOAD AND FACILITIES REQUIRED

Total Population: 176,100

Pre-School Population (1 to 5 incl.): 20,248

School Age Population (6 to 19 incl.): 50,318

Adult Population (20 and Over): 105,534

Total Mental Retardation Segment: 2,617

Total Mental Retardation Segment: 304

Total Mental Retardation Segment: 1,258

Total Mental Retardation Segment: 1,055

		1	2	3	4	Residential Care Cases	Day Care Cases	Sheltered Workshop	D & E Clinic Cases
Line	Segment	Mild	Moderate	Severe	Profound	Columns 3-4 Line A-B-C	Col. 1-2 Line A Col. 2 Line B	1/1000 Adult Population	600 Per Million Total Population
A	Pre-School	(4) 265	(6) 30	6	3	19	285		
B	School Age	(16) 1,094	(25) 126	25	13	79	100		
C	Adults	(14) 918	(21) 105	21	11	67		105	
	TOTALS	(34) 2,277	(52) 261	52	27	165	385	105	106

FACILITIES REQUIRED: Residential Care (Unit for each 40 to 500 Cases) 1

Day care (Unit for each serving 40 to 200 Cases) 3

Sheltered Workshop (One space per 1000 total adult population) 1

Diagnostic and Evaluation Clinic Cases 106

REGION III

POPULATION ANALYSIS

DETERMINATION OF CASE LOAD AND FACILITIES REQUIRED

Total Population: 167,500

Pre-School Population (1 to 5 incl.): 19,260

School Age Population (6 to 19 incl.): 47,860

Adult Population (20 and Over): 100,380

Total Mental Retardation Segment: 2,490

Total Mental Retardation Segment: 289

Total Mental Retardation Segment: 1,197

Total Mental Retardation Segment: 1,004

		1	2	3	4	Residential Care Cases	Day Care Cases	Sheltered Workshop	D & E Clinic Cases
Line	Segment	Mild	Moderate	Severe	Profound	Columns 3-4 Line A-B-C	Col. 1-2 Line A Col. 2 Line B	1/1000 Adult Population	600 Per Million Total Population
A	Pre-School	(4) 251	(6) 29	6	3	19	270		
B	School Age	(16) 1,042	(24) 120	24	12	76	96		
C	Adults	(13) 873	(20) 100	20	10	63		100	
	TOTALS	2,166	249	50	25	158	366	100	100

FACILITIES REQUIRED: Residential Care (Unit for each 40 to 500 Cases) 1

Day care (Unit for each serving 40 to 200 Cases) 3

Sheltered Workshop (One space per 1000 total adult population) 1

Diagnostic and Evaluation Clinic Cases 100

REGION IV

POPULATION ANALYSIS

DETERMINATION OF CASE LOAD AND FACILITIES REQUIRED

Total Population: 164,800

Pre-School Population (1 to 5 incl.): 18,949

School Age Population (6 to 19 incl.): 47,089

Adult Population (20 and Over): 98,762

Total Mental Retardation Segment: 2,449

Total Mental Retardation Segment: 284

Total Mental Retardation Segment: 1,177

Total Mental Retardation Segment: 988

		1	2	3	4	Residential Care Cases	Day Care Cases	Sheltered Workshop	D & E Clinic Cases
Line	Segment	Mild	Moderate	Severe	Profound	Columns 3-4 Line A-B-C	Col. 1-2 Line A Col. 2 Line B	1/1000 Adult Population	600 Per Million Total Population
A	Pre-School	(4) 247	(6) 28	6	3	19	265		
B	School Age	(15) 1,024	(24) 118	23	12	74	94		
C	Adults	(13) 859	(20) 99	20	10	73		98	
	TOTALS	(32) 2,130	(50) 245	49	25	166	359	98	99

FACILITIES REQUIRED: Residential Care (Unit for each 40 to 500 Cases) 1

Day care (Unit for each serving 40 to 200 Cases) 2

Sheltered Workshop (One space per 1000 total adult population) 1

Diagnostic and Evaluation Clinic Cases 99

REGION V

POPULATION ANALYSIS

DETERMINATION OF CASE LOAD AND FACILITIES REQUIRED

Total Population: 110,100

Pre-School Population (1 to 5 incl.): 12,659

School Age Population (6 to 19 incl.): 31,459

Adult Population (20 and Over): 65,982

Total Mental Retardation Segment: 1,636

Total Mental Retardation Segment: 190

Total Mental Retardation Segment: 786

Total Mental Retardation Segment: 660

		1	2	3	4	Residential Care Cases	Day Care Cases	Sheltered Workshop	D & E Clinic Cases
Line	Segment	Mild	Moderate	Severe	Profound	Columns 3-4 Line A-B-C	Col. 1-2 Line A Col. 2 Line B	1/1000 Adult Population	600 Per Million Total Population
A	Pre-School	(3) 165	(4) 19	4	2	13	177		
B	School Age	(10) 683	(16) 79	16	8	50	63		
C	Adults	(9) 574	(13) 66	13	7	42		65	
	TOTALS	(22) 1,422	(33) 164	33	17	105	240	65	68

FACILITIES REQUIRED: Residential Care (Unit for each 40 to 500 Cases) 1

Day care (Unit for each serving 40 to 200 Cases) 3

Sheltered Workshop (One space per 1000 total adult population) 1

Diagnostic and Evaluation Clinic Cases 68

PHS-4774-3
REV. 11-66

STATE PLAN
MENTAL RETARDATION FACILITIES CONSTRUCTION PROGRAM

FORM APPROVED
BUDGET BUREAU NO. 68-R826

DATE
19

Page 1 of 2

SUMMARY AND PROGRAMING DATA REPORT

AREA	CITY OR TOWN	COUNTY	EXISTING FACILITIES	PROGRAMED FACILITIES	NUMBER OF FACILITIES	TYPE OF FACILITY (ENTER NUMBER)			SERVICES OFFERED (ENTER NUMBER)						LEVEL OF RETARDATION SERVED (ENTER NO.)				AGE GROUPING SERVED (ENTER NO.)			NUMBER OF PERSONS TO BE SERVED
						A	B	C	DIAGNOSTIC & EVALUATION	TREATMENT	EDUCATION	TRAINING	CUSTODIAL CARE	SHELTERED WORKSHOP	MILD	MODERATE	SEVERE	PROFOUND	PRE-SCHOOL	SCHOOL AGE	ADULT	
1	2a	2b	3a	3b	4	5a	5b	5c	6a	6b	6c	6d	6e	6f	7a	7b	7c	7d	8a	8b	8c	
I	Missoula	Missoula	E		2	1	1		1		1			1	2	2	2		2	2	2	99
	Missoula	Missoula		P	1		1	1		1	1	1	1	1	1	1	1		1	1	1	200
	Kalispell	Flathead		P	1		1				1	1			1	1			1	1		40
		TOTAL PROGRAMMED			2		2	1		1	2	2	1	1	2	2	1		2	2	1	240
II	Great Falls	Cascade	E		1		1				1					1				1		16
	Great Falls	Cascade		P	1		1	1	1	1	1	1	1	1	1	1	1		1	1	1	200
	Havre	Hill		P	1		1				1	1			1	1			1	1	1	40
	Shelby	Toole		P	1		1				1	1			1	1			1			40
		TOTAL PROGRAMMED			3		3	1	1	1	3	3	1	1	3	3	1		3		3	280
III	Boulder	Jefferson	E		1	1		1	1	1	1	1	1	1	1	1	1	1	1		1	350
	Butte	Silver Bown	E		2		2					1		1	2	2	2		1		1	24
	Galen	Deer Lodge	E		1			1								1	1				1	100
	Warm Srings	Deer Lodge	E		1			1														
	Bozeman	Gallatin		P	1		1			1	1	1			1							40

PHS-4774-3
REV. 11-66

STATE PLAN
MENTAL RETARDATION FACILITIES CONSTRUCTION PROGRAM

FORM APPROVED
BUDGET BUREAU NO. 68-R878

DATE: 1968 | STATE: Montana

SUMMARY AND PROGRAMING DATA REPORT

AREA	CITY OR TOWN	COUNTY	EXISTING FACILITIES	PROGRAMED FACILITIES	NUMBER OF FACILITIES	TYPE OF FACILITY (ENTER NUMBER)			SERVICES OFFERED (ENTER NUMBER)						LEVEL OF RETARDATION SERVED (ENTER NO.)				AGE GROUPING SERVED (ENTER NO.)			TOTAL NUMBER OF MENTALLY RETARDED INDIVIDUALS SERVED
						A	B	C	DIAGNOSTIC & EVALUATION	TREATMENT	EDUCATION	TRAINING	CUSTODIAL CARE	SHELTERED WORKSHOP	MILD	MODERATE	SEVERE	PROFOUND	PRE-SCHOOL	SCHOOL AGE	ADULT	
1	2a	2b	3a	3b	4	5a	5b	5c	6a	6b	6c	6d	6e	6f	7a	7b	7c	7d	8a	8b	8c	9
III	Butte	Silver Bow		P	1		1			1	1	1		1	1	1	1		1	1	1	100
	Helena	Lewis & Clark		P	1		1			1	1	1			1	1			1	1	1	40
		TOTAL PROGRAMMED			3		3			3	3	3		1	3	3	1		3	3	2	180
IV	Billings	Yellowstone	E		2	1	2		1	1	2	1			2	2			2	2		47
	Billings	Yellowstone		P	1		1	1		1	1	1	1	1	1	1	1		1	1	1	200
	Lewistown	Fergus		P	1		1			1	1	1			1	1			1	1		40
		TOTAL PROGRAMMED			2		2	1		2	2	2	1	1	2	2	1		2	2	1	240
V	Glasgow	Valley	E		1		1				1					1				1		5
	Glendive	Dawson	E		1		1	1		1	1	1	1	1	1	1			1	1		42
	Glasgow	Valley		P	1		1				1	1			1	1			1	1	1	40
	Miles City	Custer		P	1		1				1	1			1	1			1	1	1	40
		TOTAL PROGRAMMED			2		2				2	2			2	2			2	2	2	80

EXISTING AND PROGRAMMED FACILITIES

The State-wide and Community Mental Health Planning Committee in developing the comprehensive mental health plan divided the state into three (3) regions and thirteen (13) districts. These regions and districts, for the sake of uniformity of planning, were also used in developing the comprehensive state plan for the mentally retarded. The regions developed and shown in the comprehensive state mental health plan did not meet the population requirements of the Federal Act and, therefore, in the development of the Montana State Plan for Community Mental Health Centers Construction, the state was divided into five (5) regions. These regions are very similar to those used in the Montana State Plan for Hospital and Medical Facilities Construction, the only difference being that the boundary lines follow county lines rather than dividing some counties.

The State Board of Health adopted the recommendation of the Advisory Council that the geographical regions of the State Plan for Construction of Mental Retardation Facilities conform with those of the State Plan for Community Mental Health Centers. The map, "Mental Retardation Regions and Districts," Page 50, shows the districts in relation to the regions. The comprehensive mental retardation planners, in implementing the recommendations outlined in the comprehensive mental retardation plan, are still planning on the basis of the thirteen (13) districts. The districts as shown in "Special Education Classes in Public Schools", Pages 36 and 37, and elsewhere in this plan refer to the districts as shown on the map, Page 50.

REGION I

1. Existing Facilities

The Child Development Center at Missoula provides diagnostic and evaluation clinic services. The Opportunity School and Mental Hygiene Clinic at Missoula offer limited services to the mentally retarded. The University of Montana, also in Missoula, offer many resources for the retarded. A vocational rehabilitation office in Missoula provides the usual vocational rehabilitation services. The Missoula Crippled Children Rehabilitation Center provides physical and occupational therapy and other services.

2. Generic Services

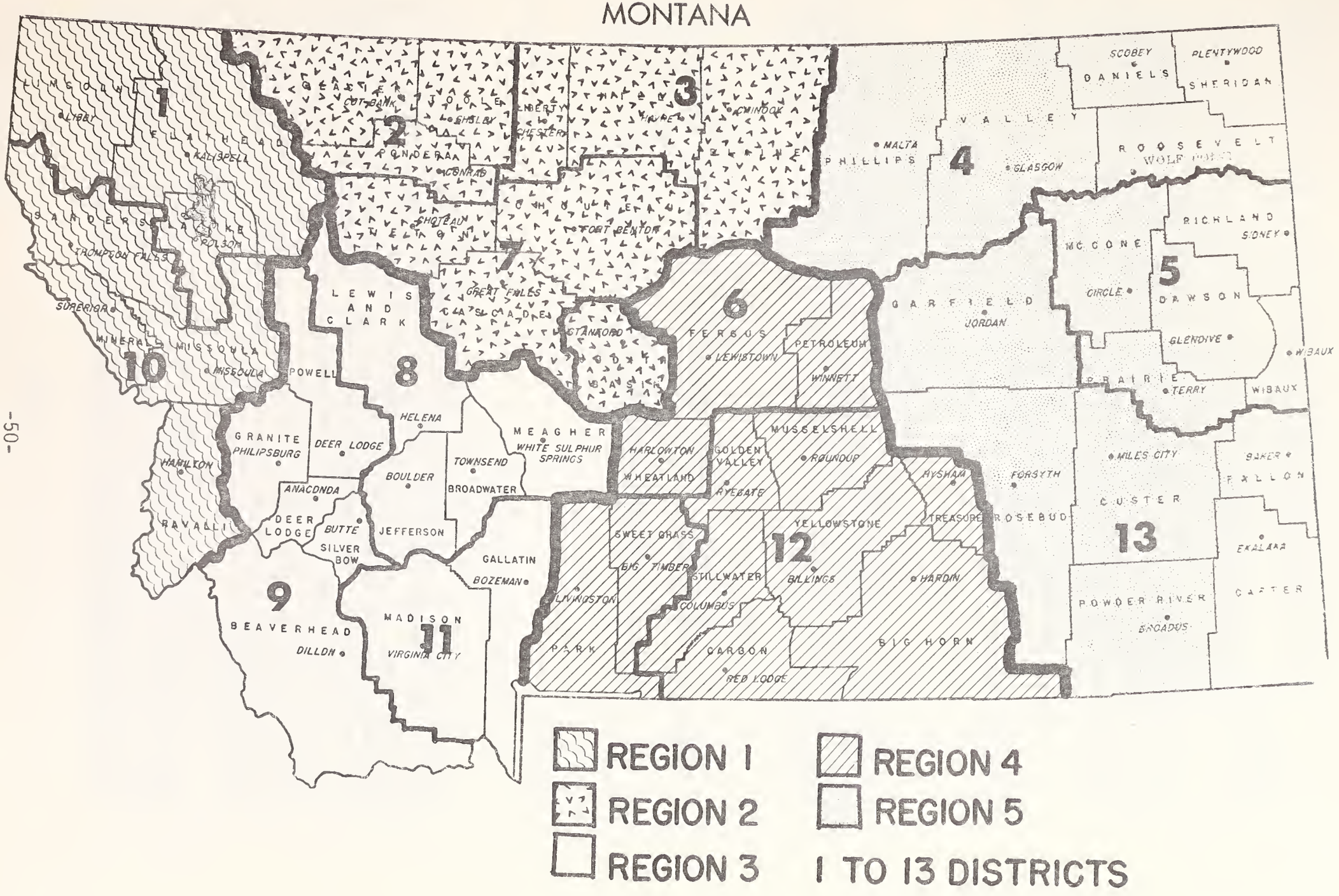
The Missoula City-County Health Department at Missoula, serves a portion of the region, while the Missoula Mental Hygiene Clinic serves the region. Visiting nurse services are available in some counties. Special education classes are available in all counties except Mineral County. All counties have organized departments of public welfare. Hospital and Medical Facilities are described on Page 22.

3. Programmed Facilities

A. Missoula is the planned location for a comprehensive mental retardation facility. This is to serve all levels of retardation, except possibly the profound who will be cared for at Boulder River School and Hospital, at Boulder.

MENTAL RETARDATION REGIONS AND DISTRICTS

MONTANA



REGION 1 — REGION 4

REGION 2 — REGION 5

REGION 3 — 1 TO 13 DISTRICTS

B. Kalispell is the planned location for a day care facility.

REGION II.

1. Existing Facilities

The Information and Referral Center at Great Falls determines and evaluates present services for the mentally retarded and their parents which will eventually lead to the development of further needed services. The Montana Rehabilitation Center, Great Falls, provides services and classes for educable retarded children.

Other facilities in the region which serve mentally retarded individuals only include the Mental Hygiene Clinic and the Vocational Rehabilitation Office at Great Falls.

2. Generic Services

There is a City-County Health Department at Great Falls which serves Cascade County. Visiting nurse services are available in some counties. All counties have organized departments of public welfare. Special education classes are available in all counties except Liberty, Teton, Chouteau, and Judith Basin Counties. Hospital and Medical Facilities are available as described on Page 23.

3. Programmed Facilities.

A. Great Falls is the planned location for a comprehensive mental retardation facility.

B. Havre and Shelby each are planned locations for a day care facility.

REGION III.

1. Existing Facilities

The Boulder River School and Hospital (formerly the Montana State Training School) at Boulder provides comprehensive services for the mentally retarded on a state-wide basis. This facility at present serves 868 retarded persons. It is planned to keep the Boulder facility at a size to accommodate approximately 900 persons and to construct facilities in other areas of the state. As additional facilities and services for the retarded are constructed and provided in other areas of the state, this will serve Region III and also serve for the referral of more severe retardates from the other regions. It is planned that after the necessary evaluation and treatment has been completed, that these will be returned to their respective communities.

The Warm Springs State Hospital at Warm Springs serves 259 mentally retarded persons. Upon completion of construction of the non-ambulatory residential unit at Boulder, approximately 150 of these will be transferred from Warm Springs to Boulder. The State Pulmonary Disease Hospital at Galen provides custodial care for 100 adult retardates who have been trans-

ferred from Boulder. The Nursery School for Mentally Retarded and the Sheltered Workshop serve a limited number of retarded persons.

The Mental Retardation Information Center at Bozeman has as its main purpose education of the community as to mental retardation and the needs of the mentally retarded. An extensive community education program is being carried out. Many volunteers have been brought into the program and assist in providing services to the mentally retarded. A teenage group has been organized and is sponsoring a recreation program for the mentally retarded. A library has been provided for use by interested lay and professional persons including parents of the retarded. Work is being done with students of Montana State University who may be parents of the retarded and with students who have volunteered to work with the mentally retarded.

The Mental Hygiene Clinic at Helena serves the mentally retarded to a limited extent. The State Office of Vocational Rehabilitation, located in Helena serves this region.

2. Generic Services.

Organized Health Departments are located in Bozeman, Butte, and Helena. Special education classes are available in Lewis & Clark, Deer Lodge, Silver Bow, Beaverhead, and Gallatin Counties. All counties have organized departments of public welfare. Hospital and medical facilities serving this region are outlined on Page 24.

3. Programmed Facilities.

A. Day care facilities are planned to be located at Bozeman, Butte, and Helena.

B. The Boulder River School and Hospital is to provide all other services for this region.

REGION IV

1. Existing Facilities

The Children's Village at Lewistown provides day care services for five pre-school age children. The Montana Center for Handicapped Children located on the campus of Eastern Montana College provides day care services for some retarded children. This facility also serves for the teaching of students in the Department of Special Education and Guidance of the college. This facility also provides some diagnostic and evaluation services.

The Mental Hygiene Clinic provides limited services for the mentally retarded. A Mental Hygiene Center is being provided at Billings which will serve the entire region and give more comprehensive services throughout the region. A Vocational Rehabilitation Office is also located at Billings which provides the usual vocational rehabilitation services.

2. Generic Services.

The City of Billings and Yellowstone County have a part-time health

officer with some public health services including public health nursing services. Special education classes are available in Fergus, Park, Big Horn, and Yellowstone Counties. All counties have organized departments of public welfare. Hospital and medical facilities available in the region are described on Page 25.

3. Programmed Facilities

A. Billings is the planned location for a comprehensive mental retardation facility. The planning for this should be coordinated with that of the Montana Center for Handicapped Children, which is currently planning for the construction of a new center.

B. Lewistown is the planned location for a day care facility.

C. Billings is the planned location for a sheltered workshop and the planning for this is to be coordinated with the planning by the Division of Vocation Rehabilitation.

REGION V

1. Existing Facilities.

Part 1, Application for Project Construction has been approved for the Eastern Montana Facility for the Mentally Retarded. This provides for the construction of two residential cottages for 32 retardates and special education facilities. This facility will provide education and training to moderately retarded and some mildly retardates not able to attend other special education classes. Day services will be provided to the retarded who can be transported during the day. Students will attend special education classes during the day in the public schools where available. Students will live at the facility Monday through Friday and go home on the weekends when this is possible. The Opportunity Room at Glasgow provides limited services for moderate school-age children.

A Vocational Rehabilitation Office at Miles City provides the usual vocational rehabilitation services.

2. Generic Services.

The public health services in this region are somewhat limited. Special education classes are provided in Phillips, Valley, Dawson, and Fallon Counties. All counties have departments of public welfare. The Hospital and Medical Facilities available in this region are described on Page 26.

3. Programmed Facilities.

A. Glasgow and Miles City are the planned locations for a day care facility.

B. A sheltered workshop is programmed for the region with the planning to be coordinated with the Division of Vocational Rehabilitation with the location to be designated in the future.

CHAPTER VII

PRIORITIES AMONG REGIONS

CHAPTER VII

PRIORITIES AMONG REGIONS

It is required that the State Plan show the ranking of service areas according to their relative need for Federal assistance to construct additional facilities for the mentally retarded. "Relative need" refers to the degree to which mental retardation needs of an area are unanswered by the existing resources. In developing this ranking, consideration must be given quantitative and qualitative data. Quantitative information concerning the availability of services and facilities and the number of persons using existing services as well as the subjective factors effecting the need for additional facilities must be evaluated.

The quantitative factors used are population characteristics, socio economic characteristics, mental retardation resources and social problem indicators.

1. Population Characteristics

(a) Population density per square mile. Information regarding the land area in square miles for each Montana county was obtained from Table 6 of the Montana Volume of the 1960 Federal Census.[1] County populations used were those made by the Division of Records and Statistics, Montana State Department of Health for July 1, 1965. Population density was computed by dividing the estimated population of the county by the land area in square miles. In computing the mean population density for mental retardaion regions, a weighted average was used. This involved multiplying the population density for each county by the land area of the county. The sum of the county products was then divided by the total land area in square miles for the region. This was done so that the population density for both large and small counties would be properly represented in the average. The regional population densities were then ranked; the highest density was given a rank of 1, indicating the greatest need.

(b) Dependency ratio. The dependency ratio is the sum of the population under 15 and over 64 divided by the number of people aged 15 through 64. Data on county populations by age were obtained from Table 27 of the 1960 Federal Census.[2] The ratio was calculated for each county. Regional dependency ratios were calculated by weighting the dependency ratio by the population aged 15 through 64 for each county. The weighting was accomplished by multiplying the dependency ratio for each county by the county population aged 15 through 64. The sum of these products for all counties in a region was divided by the total population aged 15 through 64 for the region. Regional mental retardation dependency ratios were ordered with the highest value given the rank of 1, indicating the greatest need.

---

[1] 1960 Census of Population, Vol. 1. Characteristics of the Population, Part 28, Montana.

[2] Ibid.

(c) Population per household. The average number of persons living in each household for each county was obtained from Table 28 of the 1960 Federal Census.[3] The average number of households per mental retardation region was obtained by weighting county data. This was done by multiplying the population per household for each county by the number of households in the county. The sum of the county products for each region was divided by the total number of households in the region. The populations per household for mental retardation regions were ordered with the highest value given the rank of 1, indicating the greatest need.

2. Socio Economic Characteristics

(a) Median family income. The median family income was obtained for each county in each region from Table 86 of the 1960 Federal Census Report[4] Regional median incomes were computed by weighting the median incomes for each county by the county population. The weighting procedure used is similar to that employed in weighting the variables under population characteristics. The lowest value indicates the greatest need.

(b) Percent of families with income over $3,000. Information regarding this variable was also obtained from Table 86 of the Federal Census Report.[5] The percentage was obtained by summing the number of families with incomes under $3,000 and dividing this by the total number of families in the county. The quotient was then multiplied by 100. Regional values were obtained by weighting county values by the number of families. The weighting procedure used followed that explained above. This variable was ranked so that the region with the lowest value was assigned rank 1.

(c) Median education level of adults 25 years and older. This variable was again from the 1960 Census Report.[6] Since the median education for all persons 25 years of age and over is not given for each county, it was necessary to compute this value. This was done by multiplying the median school years completed for males 25 years of age and over, by the number of males in this age group. To this was added the median school years completed for females multiplied by the number of females 25 years of age and over. The sum of these products for both sexes in each county was divided by the total number of persons 25 years of age and over in the county. This procedure was employed in order to assure that the median school years completed for each county properly reflected the sex distribution of the county.

The median school years completed for each region was calculated by weighting the median school years completed for each county by the number of persons 25 years of age and over in the county. This variable was ranked so that the low value received 1, indicating greatest need.

3. Mental Retardation Resources.

(a) The Boulder River School and Hospital at Boulder, serves on

---

[3] Ibid.

[4] Ibid.

[5] Ibid.

[6] Ibid.

a state-wide basis. This variable takes into account the number of mentally retarded persons in each region receiving some services and reflects the percentage of need met in providing services. This is determined by dividing the number of persons in the region receiving services by the mental retardation segment in the region and multiplying by 100. These percentages were then ranked with the lowest percentage receiving the rank of 1.

4. Social Problem Indicators.

(a) Relief or welfare recipients. The number of welfare recipients in each county was obtained from the "Statistical Report" of the Montana Department of Public Welfare. Data used were for the months of January, June, and December 1965. The sum of the number of welfare recipients for these months was divided by the estimated population for each county multiplied by 1,000 to obtain a rate per 1,000 population. These rates were weighted by total county population in obtaining average rates for mental retardation regions. The weighting procedure used was similar to that explained previously. The highest value was ranked 1, indicating greatest need.

(b) Infant mortality. Five-year infant mortality rates for 1961-1965 for Montana counties were obtained from the Division of Records and Statistics of the State Department of Health. The infant mortality rate is the number of deaths under one year of age divided by the number of live births during the same period. This quotient is multiplied by 1,000. This gives the number of infant deaths per 1,000 live births. To obtain infant death rates for mental retardations regions, the county infant death rates were weighted by number of live births during the period. The highest infant death rate was ranked 1, indicating greatest need.

The qualitative factors used and the ranking is shown on Page 61.

The statistical data applied to the variables and the ranking of variables appear in the pages that follow.

POPULATION CHARACTERISTICS

REGION	Density per Square Mile		Dependency Ratio Population Aged 15 + 65 & Over / Aged 15 to 64			(c) Population Per Household		Rank for Category	
								Sum of Rank	Rank of Sums
	(1) Rate	(2) Rank	(3) Numbers	(4) Rate	(5) Rank	(6) Median	(7) Rank		
I	7.4	1	40,001 + 13,857 / 75,932	0.71	4	3.22	4	9	4
II	6.8	2	52,466 + 12,790 / 89,666	0.73	3	3.35	2	7	1
III	6.5	3	47,006 + 15,992 / 91,002	0.70	5	3.07	5	13	5
IV	6.0	4	49,264 + 13,963 / 82,373	0.77	1	3.25	3	8	2.5
V	2.3	5	36,859 + 10,720 / 64,221	0.74	2	3.43	1	8	2.5

SOCIO ECONOMIC CHARACTERISTICS

REGION	Median Family Income		Median Education Level, Adults, 25 Yrs. & Over		Families With Income Over $3,000		Rank for Category	
	Rate	Rank	Rate	Rank	Percent	Rank	Sum of Rank	Rank of Sums
I	$5,230	2	11.3	2.5	78.4	2	6.5	2
II	5,785	5	11.7	5	82.7	5	15	5
III	5,412	3	11.3	2.5	81.5	4	9.5	3
IV	5,548	4	11.5	4	81.0	3	11	4
V	4,778	1	10.5	1	73.4	1	3	1

MENTAL RETARDATION RESOURCES

REGION	Retardation Segment	Retardates Served No.	Percent Need Met	Rank
I	2,146	99	4.61	5
II	2,617	16	0.61	1
III	2,490	24	0.96	2
IV	2,449	47	1.92	3
V	1,636	47	2.87	4

SOCIAL PROBLEM INDICATORS

REGION	Welfare Recipients Rate per 1,000		Infant Mortality Rate per 1,000		Retarded		Rank for Category	
	Rate	Rank	Rate	Rank	Number	Rank	Sum of Rank	Rank of Sums
I	15.4	3	24.5	4	2,146	4	11	4
II	16.8	1	26.2	1	2,617	1	3	1
III	11.9	5	26.0	2	2,490	2	9	2
IV	13.4	4	24.0	5	2,449	3	12	5
V	15.8	2	25.4	3	1,636	5	10	3

QUALITATIVE FACTORS

A. Realistic availability of generic community services, such as health, education, and welfare activities for the retarded.
B. Need for specific specialized services.
C. Potential availability of community support for specialized facilities for the retarded.
D. Potential quality of programs to be provided.
E. Extent to which facilities will permit the mentally retarded to live in own community.

Region	Factor A Rank	Factor B Rank	Factor C Rank	Factor D Rank	Factor E Rank	Rank for Category Sum of Rank	Rank for Category Rank of Sums
I	5	4	1	1	3	14	3.5
II	2	2	2	2	2	10	1
III	3	3	3	3	4	16	5
IV	4	5	2	2	1	14	3.5
V	1	1	2	3	5	12	2

NOTE: Rank range of 1 to 5 used. Lowest rank indicates highest priority and/or need.

PRIORITY SYSTEM SUMMARY

Region	Population Characteristics	Socio Economic Characteristics	M.R. Resources	Social Problem Indicators	Qualitative Factors	Sum of Ranks	Final Rank
I	4	2	5	4	3.5	18.5	5
II	1	5	1	1	1	9.0	1
III	5	3	2	2	5	17.0	3
IV	2.5	4	3	5	3.5	18.0	4
V	2.5	1	4	3	2	12.5	2

With the priority for projects based on the ranking of relative need, applications for project construction will be approved as follows:

Region II, Northern	1
Region V, Eastern	2
Region III, Southwestern	3
Region IV, Southern	4
Region I, Northwestern	5

Projects within each region shall be considered in the order of importance as follows:

(a) Facilities which alone or in conjunction with other existing facilities provide comprehensive services for a particular community or communities.

(b) Facilities which alone or in conjunction with other existing facilities provide multiple but less than comprehensive services for a particular community or communities.

(c) Facilities which provide a single service for a particular community or communities.

In the event that no applications are received from the highest priority region, applications from lower priority regions will be considered for construction in the order of the priority ranking.

CHAPTER VIII

METHODS OF ADMINISTRATION

CHAPTER VIII

METHODS OF ADMINISTRATION

Preparation and Publication of the State Plan

1. The cut-off date for statistics for the bases of the State Plan preparation and modification shall be April 1 of each calendar year.

2. The State Plan shall be developed in consultation with other State Agencies concerned with Education, Employment, Welfare, and Rehabilitation.

3. The State Plan will be written, reviewed by the Hospital and Long-Term Care Facility Advisory Council, and approved by the State Board of Health. A general description of the provisions included in the Plan will be published and a reasonable notice of a public hearing will be given, at which interested persons or organizations will be given an opportunity to be heard. The public hearing will be scheduled in conjunction with the Advisory Council meeting. The State Plan will be available for public examination for a period of at least 30 days.

4. The State Board of Health shall take steps to insure publication of a general description of the State Plan in newspapers of general circulation throughout the State.

5. The State Plan shall be submitted to the Surgeon General for review and approval prior to July 1 of each calendar year.

6. After approval of the State Plan by the Surgeon General, it shall be made available to those who would desire a copy.

Criteria for Allocation of Funds

Criteria which will govern the allocation of funds available under P.L. 88-164 are as follows:

1. The applicant must show by narrative program that the proposed facility will comprehend the full gamut of services required under Section 54.104 of Part 54, PHS Regulations for Grants for Construction of Facilities for the Mentally Retarded.

> (a) This shall be interpreted to mean that, provided the master plan has been developed, the construction of the facility may be accomplished in phases. The first phase of construction, in all cases, shall be the facility to accommodate diagnostic and treatment services, unless of course, a local, existing, suitable facility is available. The second phase of construction shall be that necessary to accommodate the service or services of greatest need as determined by diagnosis and evaluation. And so, the construction phases shall proceed until the master plan is realized.

2. The applicant shall demonstrate that any facilities planned under this Program are not in any way a duplication of already existing, suitable facilities. At the same time, the applicant must show that arrangements have been accorded with the existing, suitable facilities before action can be taken on an application.

3. The applicant must show an intent to begin construction within a reasonable length of time.

4. The applicant must demonstrate financial ability to meet the costs of construction, maintenance, and sustained operation of the proposed facility.

5. The applicant must show that adequate and proper professional personnel, in the respective services, will be available to staff the proposed facility.

6. A second application for the same type of facility in the same area would not be approvable for purposes of this State Plan.

7. A formal application must be completed by each sponsor on the prescribed PHS forms.

Project Construction Schedule

After approval of the Montana Mental Retardation Facilities Plan by the Surgeon General, the State Department of Health will develop a project construction schedule which will list the projects, if any, on which construction can be commenced within the time limitations of the fiscal year funds which have been allocated.

Standards of Operation

The "Standards for Operation of Day Care Centers" of the Montana State Department of Health shall apply to day facilities for the mentally retarded. The State Department of Health has not yet developed standards for maintenance and operation of other facilities for the mentally retarded. However, until such time as these additional standards are promulgated, the following applicable standards shall apply:

1. Standards for State Residential Institutions for the Mentally Retarded
   American Association of Mental Deficiency
   P.O. Box 96
   Willimantic, Connecticut

2. Standards for Sheltered Workshops
   National Association of Sheltered Workshops and Home Bound Programs, Inc.
   1522 K Street N.W., Room 430
   Washington, D. C.

3. Diagnostic and Evaluation Clinics--Standards for Hospitals & Clinics
   American Psychiatric Association
   1700 - 18th Street N.W.
   Washington, D. C.

Standards of Construction and Equipment

1. The general standards of construction and equipment shall be not less than the minimum standards of the authority in which the facility is proposed or the standards prescribed by the Surgeon General and as set forth in Sec. 54.119 (Appendix A - General Standards of Construction and Equipment) of Part 54, or as it may be amended or revised in the future, whichever is the higher.

Copies of these regulations will be made available for inspection by interested persons and for the use of approved applicants.

2. Equipment means those items which are necessary for the functioning of the facility, and which are considered as depreciable and as having a life of not less than five years. Not included are the items of current operating expense such as food, fuel, drugs, paper, printing forms and soap.

Inspection of Projects

1. When a request for payment of an installment is made, the State Department of Health will cause to be made an inspection of the project to determine that services have been rendered, work has been performed, and purchases have been made as claimed by the applicant and in accordance with the approved project application.

2. The State Department of Health will make such additional inspections as are deemed necessary.

3. Reports of each inspection will be retained in the files of the State Department of Health.

4. Files will be maintained on all correspondence incident to inspections of a project.

Construction Payments

1. Requests for construction and equipment payments shall be submitted by applicants to the State Department of Health at the times prescribed by Section 54.115 of Part 54, PHS Regulations for Grants for Construction of Facilities for the Mentally Retarded as follows:

First -- approximately 10 percent complete

Second -- approximately 25 percent complete

Third -- approximately 50 percent complete

Fourth -- approximately 75 percent complete

Fifth -- approximately 95 percent complete

Final -- Upon completion of the construction project and final inspection and certification by an authorized representative of the Surgeon General and receipt of a written assurance from the grantee that amounts of sustained

audit exceptions taken in any subsequent Federal audit will be refunded to the Federal Government.

2. Federal funds shall be paid to the State Treasurer, State of Montana.

3. The State Department of Health will initiate payment of Federal funds, through its Division of Hospital and Medical Facilities and Fiscal Office, to applicants for approved construction projects.

Maintenance of Personnel Standards of State Agency

This State Plan will be administered in accordance with the Merit System requirements as set forth in the Public Health Service Regulations, and Health Grants Manual, Part 14.1. A copy of the Montana Merit System Regulations is on file with the Public Health Service.

Maintenance of Fiscal and Accounting Records

1. The State Department of Health will comply with the provisions of the PHS regulations by maintaining the necessary accounting records and controls.

2. The State Department of Health will require all applicants for Federal funds to maintain adequate fiscal records and controls.

3. The State Department of Health agrees that it will retain on file, for at least a period of one year beyond its participation in the program, all documents coming into its possession which relate to any expenditure under P.L. 88-164, Title I, Part C.

4. The State Board of Health will take such measures as are necessary to assure that applicants retain all relevant and supporting documents for a period of at least two years after the final payment of Federal funds.

5. The Montana State Department of Health will make such reports in such form and containing such information as the Secretary may from time to time reasonably require.

Fair Hearings

Upon petition, the State Department of Health will provide an opportunity for a fair hearing before the State Board of Health to every applicant who has requested Federal aid for construction of any of the facilities included in the Act, and who is dissatisfied with any action of the State Department of Health regarding the application.

Actions of the State Department of Health which entitle applicants to a hearing include the following:

1) Denial of opportunity to make formal application.
2) Refusal to consider an application.
3) Rejection or disapproval of an application.

Appeals from decisions or actions of the State Department of Health must be made by the appellant, in writing, within thirty (30) days of the date of the actions or decisions with which the applicant is dissatisfied.

The appellant will be notified, in writing, of the time and place of the hearing which will be determined by the State Board of Health and be reasonably convenient for the appellant.

The appellant is entitled to be represented by friends or counsel if he so desires. The appellant and other persons interested and concerned with the State Board of Health's decision are entitled to present pertinent evidence in the way desired, subject to reasonable procedures of admissibility and methods of presentation.

The decision of the State Board of Health will be made, in writing, within thirty (30) days from the date of the hearing and will be based on the evidence presented at the hearing.

A record of the hearing will be made, and upon request of the appellant, will be made available for examination.

Statement of Federal Share

The Federal Share of the Cost of each construction project for the mentally retarded approved under P.L. 88-164, Title I, Part C, for the fiscal years ending June 30, 1967 and June 30, 1968 shall be 55%.

Flexibility of Allotments

The provisions of Section 54-102 (c) (1) and (2), Part 54, Regulations for Grants for the Construction of Facilities for the Mentally Retarded, are made a part of this Plan.

Transfer of State Allotment

The provisions of Section 54-102 (b) of Part 54, Regulations for Grants for the Construction of Facilities for the Mentally Retarded, are made a part of this Plan.

Conflict of Interest

No full-time officer or employee of the State Board of Health, or any firm, organization, corporation, or partnership which such officer or employee owns, controls, or directs, shall receive funds from the applicant, directly or indirectly, in payment for services provided in connection with the planning, design, construction, or equipping of any project under this Plan.

Nondiscrimination Procedures

No person or persons will be denied admission to any facility constructed under this Plan because of race, creed, color, or national origin. Further, no professionally qualified person or persons will be denied staff privileges because of race, creed, color, or national origin, nor will employees of the facility be discriminated against for these same reasons.

Access to Records

The Comptroller General and the Secretary of Health, Education, and Welfare, or their respective duly authorized representatives, shall have access to all records, as required, for purposes of audit or examination.

Assurances to Those Unable to Pay

Before a construction application for a facility for the mentally retarded is recommended by the State Department of Health for approval, the State Agency shall obtain assurance from the applicant that the facility will furnish below cost or without charge a reasonable volume of services to persons unable to pay therefor.

Change of Status of Facility

The Montana State Department of Health shall promptly notify the Surgeon General in writing, if at any time within twenty (20) years after completion of construction, any facility which received funds under Part C of Title I of the Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963, and amendments thereto, is transferred to any person, agency, or organization not qualified to file an application under Part C, Title I of the Act, or not approved as a transferee by the Montana State Department of Health, or ceases to be a public or non-profit facility for the mentally retarded as defined in the Act.